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Thailand in the 21st Century: Discriminatory Policies and Cultural Practices Force Tens of
Thousands of '*khun mae wai sai*' to Leave School Each Year

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ABSTRACT

Thailand in the 21st Century: Discriminatory Policies and Cultural Practices Force Tens of Thousands of '*khun mae wai sai*' to Leave School Each Year

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The purpose of this study was to explore the roles of educational policies and cultural practices in limiting opportunities and violating rights of pregnant and parenting school-aged adolescents in Thailand. Cultural attitudes continue to play an important role in restricting *khun mae wai sai*'s [adolescent mothers] right to equal educational opportunity. Analysis of the study was based on a close examination of past and existing policies regarding school-aged adolescent mothers in conjunction with major themes uncovered from in-depth personal interviews with various stakeholders. A total of thirty one individuals from three major ministries overseeing the issue of adolescent pregnancy participated: principals and teachers, government officials, and NGOs workers were interviewed in Bangkok and other nearby provinces. Policies and programs aimed at preventing unintended adolescent pregnancies and/or providing protection for adolescent mothers and their babies that have been successfully implemented in other countries were identified and suggested for possible implementation in Thailand. The result of this study suggests that the Thai government along with the help from other stakeholders are crucial to guarantee that the educational rights of pregnant and parenting adolescents and their children are protected and realized.

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DEDICATION

This thesis is dedicated to my mother,
Juthamas Kanjanapanang,
for her unconditional love and support.

SECTION 1

THE PROBLEM OF UNINTENDED ADOLESCENT PREGNANCY AND ITS SIGNIFICANCE

Introduction

“Education is a fundamental human right and essential for the exercise of all other human rights,”¹ but it is commonly being denied to many children, particularly girls. The problem is more prevalent among girls because of their status as both a female and a child, resulting in women as a group comprising two-thirds of the world’s illiterate population.² The traditional belief in many cultures that girls are subordinate to boys, coupled with various discriminatory practices around the world, continues to impede a girl’s right to education: they are viewed as inferior and less valuable than boys, made to work at a young age, forced to enter childhood marriages, and discriminated against based simply on their gender. While many of the aforementioned practices are not common in Thailand and the literacy rates are comparable between female and male children, girls’ educational prospects are disproportionately truncated more often than boys if they become pregnant.

For the past decades, adolescent pregnancy has grown to become a major societal problem in Thailand. This growing epidemic is creating an increasing population of *khun mae wai sai*, the Thai word for adolescent mothers. Many Thais shake their heads disapprovingly when see or hear about *khun mae* (mother) *wai sai* (adolsecent). *Wai sai* or *wai roon* is often used interchangeably referring to adolescents. Adolescents are supposed to be in schools, not in love, and definitely not having sex and becoming mothers. They are often portrayed in a very negative light by the media, teachers, and policymakers who collectively condemn them for

¹ “The Right to Education | Education | United Nations Educational, Scientific and Cultural Organization.”

² “Statistics | Education | United Nations Educational, Scientific and Cultural Organization.”

making poor lifestyle choices and for destroying the traditional Thai virtue of post-marital sex. Consequently, these girls are not welcomed in mainstream educational settings, and most adolescent mothers eventually leave school.

Since education is integral to the realization of other human rights, the lack of education negatively impacts girls throughout their lives, placing them at an increased risk of poverty and sundry health complications because their choices and opportunities for development are limited. Without education, they cannot get a decent job, thereby lacking the means to provide for themselves and their families. Studies have shown that educated women are less likely to die in childbirth and are less likely to marry young.³ Giving girls an education would not only benefit the girls themselves but would help the country in terms of growth, both socially and economically, by boosting its most important resource – human capital. Even though education is the most powerful tool to help break the intergenerational cycle of abuse, poverty, and oppression, the Thai government has not focused enough attention on the problem.

This research examines educational disadvantages and discriminatory practices commonly experienced by pregnant adolescents in Thai educational settings under the human rights framework. It also explores effective programs implemented in other countries that might be applicable in Thailand.

In Section 1, this study provides a brief overview of the scope of unintended adolescent pregnancy worldwide along with Thailand-specific details as well as various factors contributing to and the consequences arising from the problem. Section 2 discusses cultural attitudes and educational policies in the historical context. Section 3 compares the current educational policies

³ “Education for All Global Monitoring Report.”

with the international human rights framework along with critiques of policies from interviews with various stakeholders. Finally, the last section offers a policy recommendation based on an analysis of successful policies and programs from selected countries that could be implemented in Thailand.

Background and Explanation of Important Key Terms

While for some adolescents, pregnancies are planned and wanted, the majority are not. In the context of this study, pregnancy will be referred to as unplanned and unwanted incidences. Generally, people view unintended adolescent pregnancy negatively, having resulted from inappropriate sexual behavior; however, unintended adolescent pregnancy can also occur from a variety of causes, such as lack of planning, failure of protection, sexual violence or rape. In some cases, a planned pregnancy reverts to unintended because unfortunate events have arisen that impact the pregnancy.⁴ Simply put, many factors can contribute to a pregnancy being unplanned or unintended. It happens within all age groups, but for unwed adolescents, the outcome tends to be much harsher than experienced by other groups.⁵

The World Health Organization (WHO) defines adolescence as a transition period in human growth and development that occurs between childhood and adulthood.⁶ Adolescents are generally between the ages of 10 and 19 years old, although the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic circumstances.⁷ A teenager refers to people between the ages of 13-19 years.⁸ Even though adolescent is sometimes used interchangeably with teenager, the two words are not exactly the same and may

⁴ Women's Health Advocacy Foundation มูลนิธิสร้างเสริมสุขภาพผู้หญิง, ท้องไม่พร้อม แนวทางการปรึกษาทางเลือก คู่มือสำหรับผู้ปฏิบัติงานและผู้สนใจ [*Unintended Pregnancy: Strategies and Options Handbook for Healthworker and General Reader*].

⁵ “ท้องไม่พร้อม ต้องมีทางเลือก: บรณาการปรึกษาทางเลือกกับศูนย์พึ่งได้ (OSCC) เพื่อช่วยเหลือผู้หญิงท้องไม่พร้อม.”

⁶ “WHO | Adolescent Development.”

⁷ “Adolescence: A Period Needing Special Attention - Recognizing-Adolescence.”

⁸ “WHO | Adolescent Development.”

be defined differently in different countries. The subjects of this study will be adolescent females.

Unintended Adolescent Pregnancy Worldwide and in Thailand

Currently, adolescents number upwards of 1.2 billion people; in other words, one in every six persons in the world is an adolescent.⁹ Approximately 16 million girls aged 15 to 19 and more shockingly about 1 million girls under 15 years give birth every year in low-and middle-income countries, of which six million births occur in the South-East Asia Region (SEAR).¹⁰ In 2014, the World Health Statistics reported the average global birth rate among 15 to 19 years old at 49 per 1000 girls.¹¹ The birth rate among adolescent girls (15-19 years old) globally has been declining since 1990¹², but the adolescent birth rate for the same age group in Thailand has been rising significantly since 2000.¹³ The growth of adolescent pregnancies in Thailand is ranked by government authorities as the problem of highest concern regardless of the province.¹⁴ Many official government sources reported that unintended adolescent pregnancy in Thailand ranks first in Asia and second in the world.¹⁵⁻¹⁶ In 2013, Thailand reported adolescent birth rates at 70 per 1000 girls.¹⁷ This number is very high when compared to Japan, Korea or China with only around 4-5 births per 1000 girls; 8 births per 1000 girls in Singapore; and 15 births per 1000 girls in Cambodia.¹⁸ While there is no official data for the exact number of adolescent pregnancies and abortions, adolescent pregnancy is estimated to account for 17% of all pregnancies in

⁹ “WHO | Adolescents.”

¹⁰ “Adolescent Pregnancy Situation in South-East Asia Region.”

¹¹ “WHO | Adolescent Pregnancy.”

¹² Ibid.

¹³ Chokwiwat โชควิวัฒน์, “การประชุมระดับชาติ เรื่องสุขภาพทางเพศ ครั้งที่ 1 การตั้งครรภ์...ในวัยรุ่น ปาฐกถา คุณภาพชีวิตวัยรุ่น คุณภาพประเทศไทย.”

¹⁴ Toompu, “รักจัดหนัก เรื่องเพศที่ไม่ต้องสอน - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการส่งเสริมสุขภาพ (สสส.).”

¹⁵ Seenamz namzzz, *Infographic* การตั้งครรภ์ไม่พร้อมในวัยรุ่น.

¹⁶ “อึ้ง! สถิติเด็ก-สตรีไทยถูกทำร้ายเฉลี่ยวันละ 87 คน!”

¹⁷ สำนักสร้างสรรค์โอกาสและนวัตกรรม, “จดหมายข่าว ทำได้ดี เพื่อนชีวิตรัก เรื่องเพศต้องพูด สองเพื่อนใจวัยรุ่น.”

¹⁸ Ibid.

Thailand (by adding the number of births to the number of abortions and estimating the number of miscarriages).¹⁹ Each year, about 1.25 million adolescents engage in risky sexual activity; 250,000 adolescent girls become pregnant and half of them choose to undergo abortion.²⁰ More than 15,000 adolescent girls have repeat pregnancies, accounting for approximately 12% of all adolescent births.²¹⁻²² On average one out of nine adolescent girls has a repeat pregnancy. Sadly, around 1,000 adolescent girls have become pregnant for a third time as well.²³ More troublesome is the increasing trend of the birth rates among girls aged 10 to 14 years old since 2006.²⁴

This alarming trend is in line with a survey conducted by Ministry of Social Development and Human Security (MSDHS), which found 37.9% of a sample of 823 adolescent mothers to be in middle school while pregnant (Table 1.1). Annually, it is estimated that 3,800 girls younger than 15 years give birth.²⁵ Of the estimated total adolescent pregnancies, only about 2,000 cases involved the men and their families who agreed to take responsibility, usually resulting in marriage.²⁶ This, however, does not solve the problem of girls having to leave school prematurely.²⁷

¹⁹ Toompu, “รักจัดหนัก เรื่องเพศที่ไม่ต้องสอน - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

²⁰ National Human Rights Commission of Thailand, “The Problem of Unintended Adolescent Pregnancy from Human Rights Perspective.”

²¹ Nokdee, “เสริมทักษะวัยรุ่นท้องไม่พร้อม - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

²² Panyayong ปัญญาขง, การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [*Revisitation of Knowledge: Adolescent Pregnancy*].

²³ Nokdee, “เพศสถิติแม่วัยรุ่นท้องซ้ำซาก - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

²⁴ Ibid.

²⁵ Sopontammarak, “แก้ปัญหาแม่วัยรุ่น สังคมร่วมช่วย - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

²⁶ Chokwiwat โชควิวัฒน์, “การประชุมระดับชาติ เรื่องสุขภาพทางเพศ ครั้งที่ 1 การตั้งครรภ์...ในวัยรุ่น ปาฐกถา คุณภาพชีวิตวัยรุ่น คุณภาพประเทศไทย.”

²⁷ Ibid.

Table 1.1: Education Level of Adolescent Mothers during Pregnancy

Survey Sample = 823

Education Level	Percentage (%)
Not in school	3.4
Elementary school	11.8
Middle school	37.9
High school	17.1
Vocational school	19.1
Others	10.7

Source: Ministry of Social Development and Human Security

The magnitude of the problem can only be viewed at the national level because the available statistics make it very difficult to pinpoint specific locations. The birth rates are collected at the location where adolescents give birth, not from their actual place of residence.²⁸ For instance, girls may become pregnant outside of Bangkok but travel to give birth in Bangkok or vice versa. It is a common practice for girls to relocate during pregnancy to avoid shame and embarrassment to their families. Furthermore, girls who experience problems (of violence) or have nowhere to go may be transferred to shelters in Bangkok awaiting birth, etc.

Factors Contributing to Unintended Adolescent Pregnancy

1. Unprotected sex and/or failure from the various contraceptive methods used during sexual intercourse

According to the WHO, contraception has become increasingly available. Nonetheless, due to insufficient data on unprotected sex, the WHO was unable to make a definitive conclusion in its 2010 analysis regarding this matter.²⁹ Based on the Youth Risk Behavior Survey conducted by the Bureau of Epidemiology, Ministry of Public Health, both males and females in grades 8

²⁸ Sookrad สุขรัตน์, “การตั้งครรภ์ในวัยรุ่น: นโยบาย แนวทางการดำเนินงานและติดตามประเมินผล.”

²⁹ “WHO | Adolescent Pregnancy.”

and 11 are reported to have sex at a higher rate than previously believed.³⁰ Importantly, the trend for contraceptive usage has been declining. In 2012, roughly 56% of male 11th graders reported using a condom during their first sexual intercourse; however, in the most recent study, condom usage has been declining along with other effective contraceptive methods. From 2012 to 2014, there was a clear declining trend in contraceptive use among female adolescents (11th graders) from 80% to 60%.³¹ Among those who reported using a form of contraception, 71.9% used condoms while 18.9% used birth control pills.³² Despite the effectiveness of these two methods and a considerably low rate of failure, adolescents appear to be using condoms and birth control inappropriately, resulting in unplanned pregnancies.³³ The problem is more prevalent among girls of lower-socioeconomic groups, perhaps due to poor education, inability to access information and services, cultural expectations, stereotypical gender norms, or other reasons.³⁴ Additionally, a majority of adolescent girls regularly use emergency pills, a dangerous drug, in place of regular birth control pills.³⁵

2. Hormonal change during puberty and negative influences from the media, specifically internet and social media

Both girls and boys enter puberty during their adolescent years; hormonal and physical bodily changes contribute to sexual curiosity and drive. Both genders become more interested in the opposite sex, which can lead to sexual intercourse and unintended pregnancies. Some may argue that it is human nature to reproduce. Even among adults who are supposed to have more

³⁰ Sookrad สุจริตน์, “การตั้งครรภ์ในวัยรุ่น: นโยบาย แนวทางการดำเนินงานและติดตามประเมินผล.”

³¹ Ibid.

³² Panyayong ปัญญาขง, การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [*Revisitation of Knowledge: Adolescent Pregnancy*].

³³ “อึ้ง!วัยรุ่นไทยท้องไม่พร้อมปีละ 7 หมื่นคน - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

³⁴ UNICEF Thailand, “Terms of Reference For Situational Analysis of Adolescent Pregnancy.”

³⁵ “อึ้ง!วัยรุ่นไทยท้องไม่พร้อมปีละ 7 หมื่นคน - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

control over their sexual urges, it is easier said than done. For example, many Buddhist monks have been forced to leave monkhood because they were unable to uphold the practice of celibacy by engaging in sexual relationships.³⁶ The famous Japanese monk, Phra Mitsuo Gavesako, was no exception despite four decades of service and vowing that he would never leave monkhood nor get married.³⁷ Thus, adolescents with even more hormonal changes have less ability to control their urges and have a higher chance of failing to do so than adults.³⁸ At present, Thai girls and boys enter puberty earlier than they used to in the past.³⁹ For girls, the age at which they have their first period is now lower.⁴⁰ The earlier onset of puberty together coupled with the increased availability of nudity and sexual images on the internet and other media outlets means that adolescents have almost unlimited access to sexual stimuli, which contributes to the increased sexual activity among Thai adolescents. In addition, due to the changing and more competitive world, parents have to work longer hours to provide for their families, giving them little time to be with their children. With parents spending more time outside the home, children have increased opportunities to engage in risky behaviors because they are left alone. This is supported by many studies showing that majority of adolescents have sexual intercourse at their own home or that of a friend.⁴¹

³⁶ Chokwiwat โชควิวัฒน์, “การประชุมระดับชาติ เรื่องสุขภาพทางเพศ ครั้งที่ 1 การตั้งครรภ์...ในวัยรุ่น ปาฐกถา คุณภาพชีวิตวัยรุ่น คุณภาพประเทศไทย.”

³⁷ Fernquest, “Leaving the Monkhood.”

³⁸ Chokwiwat โชควิวัฒน์, “การประชุมระดับชาติ เรื่องสุขภาพทางเพศ ครั้งที่ 1 การตั้งครรภ์...ในวัยรุ่น ปาฐกถา คุณภาพชีวิตวัยรุ่น คุณภาพประเทศไทย.”

³⁹ Sookrad สุขรัตน์, “การตั้งครรภ์ในวัยรุ่น: นโยบาย แนวทางการดำเนินงานและติดตามประเมินผล.”

⁴⁰ Ibid.

⁴¹ Jirawattanakul and Rungruengkongkit, *Prevention of and Dealing with Teenage Pregnancy*.

3. Sexual violence

Sexual violence is not only a public health concern, but also a violation of women's human rights. The United Nations defines sexual violence as “any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion by any person regardless of their relationship to the victim.”⁴² There are many factors associated with an increased risk of sexual violence, which includes but are not limited to low education, exposure to violence between parents, abuse during childhood and attitudes more accepting of violence and gender inequality.⁴³ One in three women worldwide have experienced either physical and/or sexual violence either from an intimate partner or non-partner in their lifetime.⁴⁴ Contrary to the popular belief that sexual violence is usually perpetrated by strangers, evidence-based research shows that sexual assault is usually committed by someone who is close to the victim; often it is either an acquaintance or dating partner.⁴⁵ Rates of sexual assault by known perpetrators range between 50-88% of total identified assaults.⁴⁶ In Thailand, reportedly 80% of the perpetrators are close to the victims, which includes but is not limited to family members, dating partners, friends, teachers, employers and higher socially-ranked individuals.⁴⁷ A study of 695 school-age adolescents in Thailand found that half of the female adolescents reported being in a dating relationship and had been sexually abused by their partners.⁴⁸ One in three Thai adolescents reported forced sex, while some reported sex in exchange for gifts or money.⁴⁹

⁴² “WHO | Violence against Women.”

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ McClanahan et al., “Prevention: Sexual Violence Against Adolescent and Young Adult Women.”

⁴⁶ Ibid.

⁴⁷ “Weekly - Manager Online - สถิติ ‘ข่มขืน’พุ่งใกล้ 5 พันคดี เดือนผู้หญิงระวัง! คนใกล้ตัว - เพื่อนสนิท.”

⁴⁸ Pradubmook-Sherer, “Prevalence and Correlates of Adolescent Dating Violence in Bangkok, Thailand.”

⁴⁹ Panyayong ปัญญาขง, การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [*Revisitation of Knowledge: Adolescent Pregnancy*].

Violence is the second highest cause of death among adolescent girls worldwide.⁵⁰ When boys fall victim to violence, they are mostly killed by strangers.⁵¹ On the other hand, violence victims are disproportionately female and almost half are killed by someone close to them. Data from various countries shows that the majority of women were victimized for the first time during their adolescence.⁵² Unintended pregnancy can result for those girls who experience the most severe form of sexual violence, i.e. rape.

Sexual violence is a significant problem in Thailand. In 2011-2012, a report from the UN ranked Thailand as 7th in the world among 71 countries on violence against women.⁵³ Thailand ranked 2nd when it comes to the belief that a husband can use violence on his wife.⁵⁴ Research found that 50% to 60% of adolescent mothers in Thailand were victims of sexual violence or other forms of violence.⁵⁵ Thais are more prone to view sexual violence against women as a private matter. Sexual violence is viewed as something that happens to others; most people find it unlikely that they will become a victim of sexual violence. Thus, they are generally indifferent to this issue. Since sexual violence often happens at home, with the perpetrators being someone close to the victim, this makes it hard to prevent because people usually think of the home as a safe place.⁵⁶ To make this matter worse, when a crime takes place in the home, people are more likely not to report and/or to cover up the incident so that the public will not find out. This places a greater burden on the victims who inevitably are forced to continue to endure the abuse

⁵⁰ “A Statistical Snapshot of Violence Against Adolescent Girls.”

⁵¹ Ibid.

⁵² Ibid.

⁵³ Archavanitkul อาชวนิจกุล, *ถึงเวลา..ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอคส์ และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

⁵⁴ Kamta, “ไทยติดอันดับต้นของโลก รุนแรงในครอบครัว - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

⁵⁵ Sookrad สุจริตน์, “การตั้งครรภ์ในวัยรุ่น: นโยบาย แนวทางการดำเนินงานและติดตามประเมินผล.”

⁵⁶ Archavanitkul อาชวนิจกุล, *ถึงเวลา..ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอคส์ และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

for years without receiving outside help.⁵⁷ Rapes that are blood related (victims and perpetrators that are biologically related) usually involve an extensive period of rape. In Thailand, the most egregious case of extensive rape was reported in 1998 to be 17 years.⁵⁸ Regardless of where the offences take place, Thai culture ends up questioning the victim and blaming them more than the perpetrator.⁵⁹ Similar to India, media and movie outlets continue to portray the wrong message that equates rape with love.⁶⁰ The magnitude of sexual violence cases is profoundly an urban phenomenon in Thailand. During a 10 year period (1998 to 2007), according to the news survey of 17,529 news events, rape alone made up 38%, following by other sexual violence-related news at 26%, which mean sexual violence news made up almost two-third of all news stories.⁶¹ Based on 2012 statistic on sexual violence from five major Thai newspapers, more than half of all the reported cases of violence against women were rapes.⁶² In the same year, approximately 32,000 girls were reported as rape victims, which is estimated to be only 5% of all actual rape cases.⁶³ Adolescents make up the majority of the victims: 35% of victims are aged 11-15 years old; 22% of victims are aged 16-20; 10% of victims are aged 26-30; 60% of all rape victims are students.⁶⁴ This statistic shows that school-age girls have the highest risk of becoming rape victims, in line with data from multiple countries reporting violence against women during their adolescences. Table 1.2 reports the number of adolescent girls who sought help at shelters provided by MOPH; sexual violence comprised the highest percentage of the violence experienced by these girls.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Chareonwongsak, “การล่วงละเมิดทางเพศในอินเดีย สัญญาณเตือนภัยประเทศไทย.”

⁶¹ Archavanitkul อาชวนิจกุล, *ถึงเวลา...ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอดส์ และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

⁶² “‘กรุงเทพ’ แคมป์คิดเข้มขึ้นมากสุด! วันละ 87 ราย.”

⁶³ “Weekly - Manager Online - สถิติ ‘เข้มขึ้น’ ฟุ้งใกล้ 5 พันคดี เดือนผู้หญิงระวัง! คนใกล้ตัว - เพื่อนสนิท.”

⁶⁴ “อึ้ง! สถิติเด็ก-สตรีไทยถูกทำร้ายเฉลี่ยวันละ 87 คน!”

Table 1.2: Categories of Violence Experienced by Victims under 18 years that seek help from shelters by Ministry of Public Health (MOPH)

	2004	2005	2006	2007	2008	2009
Total Case	3,151	6,096	7,820	9,475	13,595	12,310
Type in percentage (%)						
Physical	21	23	28	28	N/A	22.2
Sexual Violence	68	67	68	64	N/A	66
Mental	8	7	3	6	N/A	8.9
Abandon	3	3	1	2	N/A	1.4
Trafficking	N/A	N/A	N/A	N/A	N/A	1.4
Total percentage (%)	100	100	100	100	100	100

Source: Ministry of Public Health (2010)

Data on sexual violence is particularly poor because most crimes of this nature are underreported; statistics generally reflect only those victims who become publicly known. The reasons for underreporting cases of sexual violence are many fold. First, girls and women alike are often afraid to report the crime due to the stigma attached. Instead of receiving justice, girls and women are often blamed as the cause or having contributed to the sexual assault, while male perpetrators frequently blame alcohol as the reason they were unable to control themselves, shifting responsibility to substance abuse rather than their own actions. A Report from Office of the National Economic and Social Development Board (NESDB), Secretary General of NESDB advised women not to wear revealing clothes so as to help save them from becoming rape victims in their own homes.⁶⁵ The Secretary General referred to rape cases in the media where a father raped his own daughter, an uncle raped his own niece, and a friend raped a friend, all of which he suggested could have been prevented if girls had not worn revealing clothes.⁶⁶ A study in the US found that about three in ten high school students reported having sex while either they

⁶⁵ “Weekly - Manager Online - สถิติ ‘ข่มขืน’ พุ่งใกล้ 5 พันคดี เดือนผู้หญิงระวัง! คนใกล้ตัว - เพื่อนสนิท.”

⁶⁶ Ibid.

or their partners were “very drunk, very stoned, or unconscious.”⁶⁷ While other factors contributing to sexual violence have been suggested as contributing causes, such as excessive alcohol consumption and easy access to pornography from various outlets, female victims are still blamed as the cause of the problem. It is the “you bring this upon yourself” mentality that makes it difficult for victims to report these crimes to authorities.

Second, weak legal sanctions and injustices in the law enforcement system fail to punish the perpetrators, allowing these crimes to be committed seemingly without consequences. Authorities and staff lack adequate training and often discourage victims from reporting the crimes.⁶⁸ Women are discouraged from reporting the crime to police because cases often will not progress further. Some victims fear the perpetrators or lack the knowledge regarding the reporting mechanism altogether. Evidence further suggests that perpetrators frequently are educated individuals and/or those having power over the victims.⁶⁹ Reporting crimes to authorities where the perpetrators are authoritative figures is far more difficult as reflected in many cases of male teachers taking advantage of female students. From 2002 to 2008, statistics reveal that sexual violence occurred frequently at schools, but the news coverage disappeared soon after the incident was reported.⁷⁰ For instance, a male secondary school computer teacher continuously raped several female students (at least two 8th graders and one 10th grader), resulting in two of them becoming pregnant; he later forced the two students to undergo abortions and paid the girls’ families around \$2,800 to settle each case.⁷¹ In a similar case, a Thai

⁶⁷ Maxwell, Robinson, and Post, “The Nature and Predictors of Sexual Victimization and Offending among Adolescents.”

⁶⁸ Archavanitkul อาชวนิจกุล, *ถึงเวลา..ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอชไอวี และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

⁶⁹ “Weekly - Manager Online - สถิติ ‘ข่มขืน’ พุ่งใกล้ 5 พันคดี เดือนผู้หญิงระวัง! คนใกล้ตัว - เพื่อนสนิท.”

⁷⁰ Archavanitkul อาชวนิจกุล, *ถึงเวลา..ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอชไอวี และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

⁷¹ “ครูข่มขืนศิษย์ม.4-ม.2 ตั้งท้องบีบทำแท้งเงินพาดจบเรื่อง.”

language secondary school teacher tricked female students to come to his classroom after school every Friday where he would rape them; he later got a 7th grader pregnant and refused to take any responsibility by claiming that the girl became pregnant by someone else.⁷²⁻⁷³ This teacher had forced many female students to have sex with him; even though the community leader, principal, and other teachers knew of such behavior for a long time, but they turned a blind eye until the story became public. In the end, both cases resulted in the girls and their families being forced to accept money quietly without pursuing legal actions. This is because the principals and people in leadership positions were more concerned about the school's reputation than protecting the girls' rights. They feared that if the story became public, it would ruin the school's reputation.⁷⁴ Information of other similar cases where perpetrators are educators can be found in Table 1.3. In many instances, marriage between the victims and the perpetrators is viewed as the solution⁷⁵; however, this does not solve the problem. Rather, it helps the perpetrators to avoid criminal prosecution and denies justice to the victim altogether. In a way, the Thai legal system and Thai society continue to protect perpetrators instead of victims, causing many girls to become victims of sexual assault repeatedly over several years until the crime become evident from their pregnancy. Even so, poor girls are often forced to accept monetary compensation as settlement and pressured to withdraw their accusation.

⁷² “ร้องครูสอนภาษาไทย ข่มขืนเด็ก ม.1 ห้อง 6 เดือน : 147896321 BLOG.”

⁷³ Panyayong ปัญญาขง, *การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [Revisitation of Knowledge: Adolescent Pregnancy]*.

⁷⁴ Ibid.

⁷⁵ “Consideration of Reports Submitted by States Parties under Article 44 of the Convention Concluding Observations: Thailand.”

Table 1.3: Incidents of Sexual Violence in Educational Settings from Newspaper (2008)

Number	Date of the News	Perpetrators (Province)	Victims (ages)
1	14-Jan	Music Teacher	Seventh Grader (12)
2	29-Feb	Thai Language Teacher (Ratchaburi)	Sixth Grader (11) since Fourth Grade
3	29-Feb	Principal (Chonburi)	Seventh Grader (13)
4	24-Mar	Thai Language Teacher (Khon Kaen)	Seventh Grader (13); 5 students
5	25-Mar	Physical Education Teacher (Sing Buri)	Fourth Grader (10)
6	28-Mar	Teacher (Lampang)	Seventh Grader
7	24-Apr	Professor	College Student
8	9-May	Physics Teacher (Srisaket)	Twelfth Grader (17)
9	29-Jun	Professor (Ubon Ratchathani)	College Student
10	6-Jul	Physical Education Teacher (Chanthaburi)	Vocational Student Year 1 (16)
11	22-Jul	Principal (Sakon Nakhon)	High School Student
12	30-Jul	Teacher (Phitsanulok)	Eighth Grader
13	8-Oct	Computer Teacher (Chonburi)	Male Sixth Grader (12); 2 students
14	30-Nov	Principal (Surin)	Male Seventh Grader (12); 4 students
15	13-Dec	Principal (Chaing Mai)	Twelfth Grader (17)
16	24-Dec	Art Teacher (Chachoengsao)	Ninth Grader (16)

Source: *Understanding and Solutions to Sexual Violence, AIDs, and Unintended Pregnancy*

Consequences from Unintended Adolescent Pregnancy

1. Health Consequences

There are several negative consequences associated with adolescent pregnancy. The most commonly noted in the literature are possible health complications to adolescent mothers and their babies. Pregnancy and childbirth complications are the second leading cause of death among 15 to 19 year olds globally.⁷⁶ Adolescents aged less than 16 years of age are four times more likely to die from child birth than women in their twenties.⁷⁷ Early childbearing increases risks for both mothers and their newborns. Pregnancy-related causes were by far the single greatest reason for hospitalization (23.7%) among adolescent girls.⁷⁸ In low and middle-income countries, babies born to mothers under 20 years of age face a 50% higher risk of being still born or dying in the first few weeks versus those born to mothers aged 20-29.⁷⁹ The younger the mother, the greater the risk to the baby. Babies born to adolescent mothers are also more likely to have low birth weights and risk long-term health effects.⁸⁰ In 2014, 20% of babies born to adolescent mothers were born with low birth weights.⁸¹ Moreover, infant mortality rates (IMRs) are significantly higher for babies born to adolescent mothers than for infants born to women in their twenties or thirties. Another major health concern related to unintended pregnancy arises from unsafe abortions. The WHO reports three million unsafe abortion among girls aged 15 to 19 annually, contributing to maternal deaths and lasting health problems throughout their life.⁸²

Abortion is illegal in Thailand without a doctor's consent. Thus, there is no official data collected due to the restrictive law regarding abortion coupled with negative cultural attitudes

⁷⁶ “WHO | Adolescents.”

⁷⁷ UNICEF Thailand, “Terms of Reference For Situational Analysis of Adolescent Pregnancy.”

⁷⁸ Ibid.

⁷⁹ “WHO | Adolescents.”

⁸⁰ “WHO | Adolescent Pregnancy.”

⁸¹ Sookrad สุขรัตน์, “การตั้งครรภ์ในวัยรุ่น: นโยบาย แนวทางการดำเนินงานและติดตามประเมินผล.”

⁸² “WHO | Adolescent Pregnancy.”

toward unplanned adolescent pregnancies. Information on abortions received from hospitals was collected from those women who experienced serious health complications from failed unsafe abortions elsewhere; the true number of abortions cannot be ascertained.⁸³ Nonetheless, the law does allow abortion in cases of pregnancies that are detrimental to the mother's health or mothers with prior psychological problem or pregnancies that result from rape and pregnancies among those under 15 years old (Appendix A and B).⁸⁴ Abortion is also seen as a “sin” in Theravada Buddhism, the major religion practiced by approximately 95% of the population in Thailand. Although the law does allow abortion under the aforementioned circumstances, in reality a majority of adolescent girls still search for unsafe abortions due to the limited accessibility to safe health clinics and lack of health workers willing to perform abortions.⁸⁵ In many instances, the negative attitudes of health care providers prevent girls from receiving appropriate and timely health services until it is too late for them to undergo a legal abortion. Access to safe abortions for adolescents is limited, especially for girls from the lower socio-economic class. Based on a study done in 2014 from hospitals in 13 provinces with 689 abortion patients, it was found that 30% seek abortion due to health reasons, while 70% seek abortion due to socio-economic reasons.⁸⁶ 36% were students either in school or university at the time of their pregnancy, and 30% were younger than age 20.⁸⁷ In another survey of 1,438 women who chose to undergo an unsafe abortion outside of the hospitals, 27% indicated that they were still in school.⁸⁸ The majority of the school-age girls chose abortion in order to continue their education.⁸⁹ This is reflected in a survey of several public hospitals which found half of the patients undergo

⁸³ Panyayong ปัญญาขง, *การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [Revisitation of Knowledge: Adolescent Pregnancy]*.

⁸⁴ “ท้องไม่พร้อม ทำแท้ง บทความเตือนสติ การทำแท้ง ความรู้มากมาย.”

⁸⁵ “ท้องไม่พร้อม ต้องมีทางเลือก: ปรึกษาการปรึกษาทางเลือกกับศูนย์พึ่งได้ (OSCC) เพื่อช่วยเหลือผู้หญิงท้องไม่พร้อม.”

⁸⁶ Sookrad สุจริตน์, “การตั้งครรภ์ในวัยรุ่น: นโยบาย แนวทางการดำเนินงานและติดตามประเมินผล.”

⁸⁷ Ibid.

⁸⁸ Panyayong ปัญญาขง, *การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [Revisitation of Knowledge: Adolescent Pregnancy]*.

⁸⁹ “สาวปัญหา ท้องไม่พร้อม-แท้งไม่ปลอดภัย ด้วย พ.ร.บ.อนามัยเจริญพันธุ์ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการส่งเสริมสุขภาพ (สสส).”

abortions were younger than 15 years old.⁹⁰ 10.9% reported repeat abortions and almost 90% reported their pregnancy as unintended.⁹¹ Half of all abortion patients did not use any forms of contraceptives.⁹² Without the use of contraceptives, not only are adolescent girls more prone to becoming pregnant, but they are also face with a higher risk of contracting HIV and other STDs from their sex partners.⁹³ Unsafe abortion kits are available from pharmacies and over the internet, resulting in approximately 14.5% of those seeking abortion to perform the abortion themselves.⁹⁴ This poses major health risks and can even lead to death for themselves and/or their babies. Where abortion laws are the least restrictive there is no or very little evidence of unsafe abortions.⁹⁵

2. Social, Educational, and Economic Consequences

In addition to the health consequences, the much-less-talked-about consequences are social, educational and economic in nature. In Thailand, like many countries around the world, adolescent mothers are heavily scrutinized by the public, society, and those around them. The growing pressure causes many adolescent mothers to abandon their babies after birth. When asked why they would commit such heinous acts, the adolescent girls often state that they were desperate and had no one to turn to for assistance.⁹⁶ From 2003-2004, it was estimated that almost 2,000 babies were left at hospitals, daycares and public places from unintended pregnancy.⁹⁷ In 2010, more than 2,000 fetuses were found buried on the grounds of one of

⁹⁰ Panyapayak, “เมื่อท้องไม่พร้อม ทางออกคืออะไร?”

⁹¹ Ibid.

⁹² Sookrad สุจริตน์, “การตั้งครรภ์ในวัยรุ่น: นโยบาย แนวทางการดำเนินงานและติดตามประเมินผล.”

⁹³ Peltzer and Pengpid, “Prevalence and Social Correlates of Sexual Intercourse among School-Going Adolescents in Thailand.”

⁹⁴ Ibid.

⁹⁵ “Adolescent Pregnancy Situation in South-East Asia Region.”

⁹⁶ “จับแม่เหี้ยมฆ่าลูกวัย 4 เดือนชักรกระสอบฝังดิน อ้างเครียดร้องเสียงดังรำคาญ | เดลินิวส์ Teen Mother Killed Four Months Old Baby.”

⁹⁷ Archavanitkul อาชวนิจกุล, *ถึงเวลา...ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอชไอวี และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

Bangkok temple alone. These remains are believed to have been sent there from illegal abortion clinics in the area. Such stories have been in line with the increasing trend of adolescent girls hospitalized in connection with abortion, an increase of 16% between 1994 and 2009.⁹⁸

Pregnant adolescents are shunned by most people in society, making it difficult for them to remain in school even when they want to continue their education. The current legal framework in terms of adolescent mothers' educational rights is unclear and gives each individual school full authority to decide how they want to deal with these girls. Only about half of the girls age 15-19 who give birth to their first child graduate from high school, whereas 89% of women older than 20 who give birth to their first child have at least a high school diploma.⁹⁹ School drop-out and subsequent lower educational attainment not only hold back personal development but reduce a woman's lifetime earnings and hence her contribution to economic growth.¹⁰⁰ A girl without a high school diploma has fewer skills and opportunities to find a good job with decent wages.¹⁰¹ There is also an economic cost to the country as well because the young woman's lifetime earnings are likely to be significantly less.¹⁰² It was estimated in 2007 that the negative impact of physical and psychological on victims, society and the economy both directly and indirectly amounted to 36,687 million baht (around one billion US dollars) per year.¹⁰³ Education plays an important role in the prevention of early pregnancy: the more years of schooling, the fewer early pregnancies.¹⁰⁴ This is reflected in higher birth rates among women

⁹⁸ "Teen Pregnancy."

⁹⁹ "Title IX: A Pregnancy Test for Schools: THE IMPACT OF EDUCATION LAWS ON PREGNANT AND PARENTING STUDENTS."

¹⁰⁰ World Health Organization, "Early Marriages, Adolescent and Young Pregnancies."

¹⁰¹ "WHO | Adolescent Pregnancy."

¹⁰² Ibid.

¹⁰³ Archavanitkul อาชวานิกกุล, อิงเวลา..ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอคส์ และท้องไม่พร้อม [*Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy*].

¹⁰⁴ World Health Organization, "Early Marriages, Adolescent and Young Pregnancies."

with lower levels of education than those with post-secondary or tertiary education.¹⁰⁵ Studies in the UK found that adolescent mothers and their babies have higher risks of being involved in gang-related activities, drugs, and other harmful behaviors, especially for girls; they are more likely to become adolescent mothers often just like their own mothers.¹⁰⁶

Purpose of the Study

Due to the traditional conservative beliefs held by a large proportion of the Thai population, adolescent pregnancy remains largely a taboo subject. While adolescent pregnancy is a major social problem in Thailand that causes over a hundred thousand young girls to leave school each year, the lack of enough research in this area is astonishing and emphasizes the need for more research. The majority of the studies conducted in Thailand focused mainly on the root causes of adolescent pregnancy and its health-related consequences with little emphasis on educational consequences and rights entitled by adolescent mothers. Most studies were conducted in the poorer rural regions in the northern and/or northeastern part of the country. This research, however, will use a rights-based approach to examine the issue of adolescent pregnancy by critically analyzing educational opportunities available to these girls once they become pregnant. It will be conducted in the Bangkok-metropolitan area to show that the problem of adolescent pregnancy is likely prevalent in the heart of the country's capital and among students of higher-socioeconomic groups. Nonetheless, the problem is evident nationwide. Often, these girls are negatively portrayed in the media and reduced to a mere stereotype of problematic adolescent. This research also seeks to raise the public's awareness, debunk common misunderstandings about these girls, and calls for effective policies that are

¹⁰⁵ Ibid.

¹⁰⁶ “รายงานการประชุม สำนักพัฒนาระบบบริหารสุขภาพ กรมสนับสนุนบริการสุขภาพ กระทรวงสาธารณสุข.”

designed to prevent adolescent pregnancy while also protecting the rights of these girls and their babies.

SECTION 2

CULTURAL ATTITUDES AND FAILED EDUCATIONAL POLICIES IN THAILAND

This section discusses the role cultural beliefs play in creating gender inequality between women and men as well as victimizing *khun mae wai sai* through failed educational policies, laws, and discriminatory practices in educational settings. All of factors contribute to these girls leaving the mainstream educational setting and ultimately having no means to fend for themselves and their babies.

Women are at the Losing End

Despite the rapid economic growth in the past few decades, Thailand remains relatively a patriarchal society with long-held beliefs that continue to perpetuate gender inequality. Today, more women are working and more are in higher job positions than in the past; Thailand even had its first female Prime Minister in 2011, who was later ousted by a military coup a few years later. Generally, women, as a group, have witnessed an overall improvement in their livelihood in terms of educational, economic, and political opportunities. Nevertheless, women continue to be largely confined to certain careers as their fields of study often reflect traditional attitudes and lag behind men when competing in the same career. For example, women tend to prefer humanity, art, and social science, whereas men dominate the fields of engineering and agriculture.¹⁰⁷ While a significantly higher proportion of teachers are female (over 62% of all teachers), only about 14% hold executive positions in school.¹⁰⁸

Moreover, crimes of sexual violence and other forms of violence perpetrated on women have not been declining. Violence against women is, in fact, rising and claiming a greater

¹⁰⁷ “CEDAW South Asia » CEDAW Consideration of Thailand’s Combined 6th and 7th Periodic Report on the Implementation of CEDAW for 2003-2010.”

¹⁰⁸ Ibid.

number of younger female victims than previously. These female victims often are blamed for having incited the crime (e.g. by dressing inappropriately or suggestively) and therefore deserved the consequences. Similar social mores are applied to adolescent girls who become pregnant; the girls end up bearing most of the burdens of the problem and are judged harshly by society. In a survey of 197 male adolescents and 254 female adolescents, boys generally think there are no negative consequences for them if they get a girl pregnant; the girls have to deal with the problem.¹⁰⁹ Girls, too, believe there are no negative consequences for boys when an adolescent girl gets pregnant, while listing several possible negative consequences for them, with expulsion from school noted as their greatest concern.¹¹⁰ Women also appear to bear more responsibility when it comes to contraception, as is reflected by the low rates of condom use and male sterilization compared to female methods of contraception.¹¹¹

At the heart of this disparity between women and men are the concepts of gender and the long-held cultural beliefs engrained in many Thais. Gender is socially constructed and prescribed.¹¹² The notion of gender difference is formed very early in life, sometimes even before birth. For instance, a soon-to-be mother and other people might buy or decorate the room with pink colored items when they are expecting a baby girl and blue colored items when they are expecting a baby boy. In society, people seem to associate the color pink with girls and blue with boys, marking a sign of gender difference. This is because pink is associated with femininity and blue with masculinity. "...even before birth girls are, on the whole, less valued than boys; it is still the case, for example, that prospective parents more often wish for a son than

¹⁰⁹ Jirawattanakul et al., "Prevention of and Dealing with Teenage Pregnancy."

¹¹⁰ Ibid.

¹¹¹ "CEDAW South Asia » CEDAW Consideration of Thailand's Combined 6th and 7th Periodic Report on the Implementation of CEDAW for 2003-2010."

¹¹² Thorne, *Gender Play, Girls and Boys in School, How School Shortchange Girls. A Study of the Major Finding on Girls and Education.*

a daughter.”¹¹³ Society generally devalues females, resulting in the ongoing devaluation of girls and women. Schools as an institution also play an important role in shaping and reinforcing gender norms, stereotypes, roles and expectations for girls and boys. An ethnographic study at two elementary schools in the US revealed major differential treatment between boys and girls in school, both in and outside of classroom.¹¹⁴ On the playground, boys were shown to control ten times more physical space than girls (grassy fields, ball courts, and blacktop areas close to school, respectively); and boys more often stated that girls’ activities were interruptible.¹¹⁵ The treatment in the classroom by teachers was even more daunting: boys get more attention and encouragement than girls.¹¹⁶ Data shows that schools, as a social and educational system, are failing girls.¹¹⁷

In Thailand, the traditional conservative values and cultural belief have played a central role in shaping and constraining perceptions and behaviors of women and men in society.¹¹⁸ At school and at home, from the onset of childhood girls are taught and are expected to play with dolls, to have long hair, to be gentle, caring, virtuous, and modest.¹¹⁹ Meanwhile, boys are taught to play with guns, to be outgoing and sporty, to be strong and not to cry, and to show strength.¹²⁰ Historically, and even today in many households, women are not expected to pursue higher education because they simply need to be a docile follower, a good stay-at-home wife to take good care of the husband, to be a good mother to take care of the children, and to be tolerant of

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

¹¹⁷ Ibid.

¹¹⁸ Vuttanont et al., “‘Smart Boys’ and ‘sweet Girls’—sex Education Needs in Thai Teenagers: A Mixed-Method Study.”

¹¹⁹ Women’s Health Advocacy Foundation มูลนิธิสร้างความเข้าใจเรื่องสุขภาพผู้หญิง, *ท้องไม่พร้อม แนวทางการปรึกษาทางเลือก คู่มือสำหรับ*

ผู้ปฏิบัติงานและผู้สนใจ [Unintended Pregnancy: Strategies and Options Handbook for Healthworker and General Reader].

¹²⁰ Ibid.

the husband's demands. On the other hand, men are expected to be leaders, breadwinners of the family, to make major decisions and to have high level of freedom to do as they please.

Why are Women to be blamed?

Different sexual expectations between women and men have created a double standard and a problematic unequal power relationship where women must conform to one set of norms but men are given the freedom to behave differently and frequently absent of social or moral constraints or consequences. The traditional beliefs held by many Thais are that a woman must protect her virginity for her husband, while a man is praised as a “real man” if he has multiple sexual encounters with different women.¹²¹ A good Thai woman is defined as feminine, sweet, having no sexual experience because she should obtain sexual knowledge from her husband.¹²² A double standard for premarital sexual intercourse reveals that in Thailand men are permitted by society to be sexually active without restraint, while women who respond to a man's desire are condemned.¹²³ The prevalence of massage parlors and numerous brothels in large urban areas clearly reveals the glaring extent of this double standard. Such permissiveness increases the risk of and only further perpetuates violence against women, reducing men's responsibility toward women, particularly those who are not their mothers, sisters or related to them.¹²⁴ A study conducted in Chiangmai reaffirms the traditional and stereotypical constructions of gender. Male secondary school participants placed high value on being a man and to be sexual

¹²¹ Boonmongkon, *Thai Adolescent Sexuality and Reproductive Health: Implications for Developing Adolescents' Health Programs in Thailand*.

¹²² Sopontammarak, “สื่อโป๊ โฆษน์หรือจำเลยการเรียนรู้?”

¹²³ Boonmongkon, *Thai Adolescent Sexuality and Reproductive Health: Implications for Developing Adolescents' Health Programs in Thailand*.

¹²⁴ Archavanitkul อาชวานิกุล, *ถึงเวลา...ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอคส์ และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

competitive with one another, as central aspect of masculinity.¹²⁵ “These high school students believe that having sexual experiences with multiple girls is a good thing. They want to show off to their friends that they had a number of sexual partners.”¹²⁶

Sexual power and sexual experience are key elements of masculinity in a patriarchal society.¹²⁷ It is almost always expected that a man cannot be satisfied with just one woman. This view is repeatedly reinforced in the media through television shows, movies, books, and newspaper stories portraying a man with multiple wives,¹²⁸ often aggressively subduing weaker women. Sadly, these men are praised as setting the standard.¹²⁹ Studies conducted in 2012 found that content of sitcoms and movies shown on television has not changed much since 2007: overall television continues to show men in the lead roles, capable of making decisions, while women are in supporting roles recognized as lovers of men and dependent on men for physical help and love.¹³⁰ Studies in Canada conclude that by reproducing the traditional concept of gender role stereotypes and power relations, patriarchal societies encourage men to condone violence toward women and force women to accept a subordinate role.¹³¹ Although the government has required the media to broadcast movies and shows based on content rating, it has not done enough to control the frequent violent scenes repeatedly featuring women as victims.¹³²

Different sexual expectations have long been an integral part of Thai culture, transmitted from one generation to the next, as the accepted social norm. Nonetheless, these norms can

¹²⁵ Vuttanont et al., “‘Smart Boys’ and ‘sweet Girls’—sex Education Needs in Thai Teenagers: A Mixed-Method Study.”

¹²⁶ Ibid.

¹²⁷ Pradubmook-Sherer, “Prevalence and Correlates of Adolescent Dating Violence in Bangkok, Thailand.”

¹²⁸ Jantarot จันทรส, “ชายเป็นใหญ่.”

¹²⁹ “จ่มจีน ภัยสังคม : รู้เท่าทัน ภัยคุกคามทางเพศ การ อนามัยทางเพศ เพื่อป้องกันตนเอง.”

¹³⁰ “ผลสำรวจพบสื่อผลิตซ้ำความรุนแรงและอคติทางเพศ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

¹³¹ Totten, “Girlfriend Abuse as a Form of Masculinity Construction among Violent, Marginal Male Youth.”

¹³² Archavanitkul อาชวานิกุล, *ถึงเวลา...ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอชไอวี และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

diverge in some groups due to different educational and environmental backgrounds. In rural areas, people maybe more influenced by local religious values and beliefs held by the majority of people in the community, whereas people in the urban areas appear to have greater freedom to decide the course of their individual life. Even so, people in the same area may hold different beliefs due to different levels of education or greater access to outside information. The situation for adolescents can be particularly difficult and conflicting as they increasingly come to view pre-marital sex as normal¹³³, while their parents and families continue to uphold traditional cultural values. Thus, adolescents remain conflicted between new emerging social norms and traditional cultural values. Many young people assert that they aspire to more modern relationships and gender roles in which dating among adolescents is seen as normal and experimenting with sex is permitted.¹³⁴ Many Thai adults blame Western influences for eroding the traditional values of modesty and virginity, but such moral indignation still flies in the face of the widespread hypocrisy toward sex that has always existed in Thai society.

Traditional Values continue to influence Contraceptive Uses among Adolescents

Both male and female adolescents reported feeling uneasy using contraception during sexual intercourse. In the past, it was common for Thai men's early sexual experience to be with sex workers since premarital sex among young Thai females was considered unacceptable.¹³⁵ Condom usage was associated with sex workers but not with lovers in a dating relationship.¹³⁶ Some men reported feeling discomfort or displeasure during sexual intercourse when using a condom.¹³⁷ Even if requested by their female partner, the man would state that he loves her and

¹³³ Jirawattanakul et al., "Prevention of and Dealing with Teenage Pregnancy."

¹³⁴ Vuttanont et al., "'Smart Boys' and 'sweet Girls'—sex Education Needs in Thai Teenagers: A Mixed-Method Study."

¹³⁵ Thato et al., "Predictors of Condom Use Among Adolescent Thai Vocational Students."

¹³⁶ Ibid.

¹³⁷ *Adolescent Mother...challenges Facing Adolescent Pregnancy* แม่วัยใส ความท้าทายการตั้งครรภ์ในวัยรุ่น.

will take responsibility if anything happens. Often women are forced by their partners to consent to unwanted sex to prove their affection and fidelity.¹³⁸ Even though contraceptives are widely available in major pharmacies and drugstores, the social stigma attached to buying ones deters many girls from obtaining them. For example, a girl named Kanya recalled when she was 15 and was sexually active, she went to a local shop to buy condoms; but the shopkeeper looked at her “disapprovingly,” making her feel ashamed.¹³⁹ Unfortunately, Kanya’s story is not uncommon as the use of contraceptives by girls or sometimes even by grown women is negatively viewed by society since contraceptive use implies that female is sexually active. Consequently, sexually active girls are frequently unable or unwilling to secure contraceptives; the natural outcome of such choices can easily lead to unplanned pregnancies. The power imbalance in a relationship continues to give men more authority to control a woman’s decision, leaving many women unable to negotiate for protected sexual intercourse.¹⁴⁰

Adolescent Mothers are generally viewed as Bad Women

Pregnant and parenting adolescents are society’s outcasts because they do not fit in the prescribed defining characteristic of a virtuous Thai woman, and they are generally described as “bad women” for failing to obey the accepted social mores. One might argue that the concept of a virtuous woman was created to keep girls protected from early sex. By breaking this social taboo, adolescent mothers are socially punished and become outcasts. The generalization and stereotypical representations of adolescent mothers does nothing to help improve the livelihood of these young women. Rather, it places the blame solely on the girls for not holding up their end of the social contract.

¹³⁸ Pradubmook-Sherer, “Prevalence and Correlates of Adolescent Dating Violence in Bangkok, Thailand.”

¹³⁹ “Teen Pregnancy.”

¹⁴⁰ Gray and Punpuing, “Gender, Sexuality and Reproductive Health in Thailand.”

The mainstream media and society choose to represent adolescent mothers in a negative manner. Adolescent mothers are often portrayed as selfish, irresponsible women, longing for someone to love them while bringing shame and embarrassment to their families. More often than not, when babies are found (either alive or dead) in the public spaces, the media is quick to point finger at adolescent mothers as the likely cause of such tragic acts. For example, television shows such as the MTV series “*Teen Mom*” and “*16 and Pregnant*” discriminate against pregnant girls by depicting stereotypical images of these girls as party animals and constantly fighting with their babies’ father. The negative perception and stereotypical images associated with adolescent mothers continues to place a “cycle of stigma” on these girls¹⁴¹, which serves not only to subject them to public scrutiny but also tremendously reduces their self-esteem and self-worth. From a fill-in-the-blank survey of pregnant students participating in a special program designed especially for them, Luttrell found that 80% of the girls felt that people expect they will be bad mothers.¹⁴² Even when two of the pregnant girls, Tara and Sonya, expressed their dreams of getting a high school diploma and eventually going to college, another girl poked fun at their statements by asking “how you goin’ to do that?”¹⁴³ This is also supported by a study conducted in medical centers in Ontario, which found that negative and false images depicted in the media have real-life consequences for pregnant and parenting adolescents.¹⁴⁴ These young people reported feeling judged, criticized, and attacked by people subscribing to the perceptions created by the media; some even claimed that the fear of being judged has impacted their daily social interactions with others.¹⁴⁵ Motivation is one of the important key components to success in life.

¹⁴¹ Kelly, “Stigma Stories Four Discourses About Teen Mothers, Welfare, and Poverty.”

¹⁴² Luttrell, *Pregnant Bodie, Fertile Minds Gender, Race, and the Schooling of Pregnant Teens*.

¹⁴³ Ibid.

¹⁴⁴ “MTV’s ‘Teen Mom’ Proven to Be Bad for Young Mothers Everywhere.”

¹⁴⁵ Ibid.

Continued scrutiny and degradation destroys these girls' hopes for themselves and their babies, in turn disincentivizing them from striving to do better in school and in life.

Despite concern over the role of the media on creating negative influences, a 2014 study by economists at the University of Maryland and Wellesley College found that one-third of the drop in the adolescent birth rate in the US between 2008 and 2011 could be attributed to adolescents watching these shows.¹⁴⁶ The researchers claimed that the show “*16 and Pregnant*” led to an increase in Google searches and Twitter chats regarding birth control and abortion, which ultimately contributed to a 5.7% reduction in adolescent births in the 18 months following the show.¹⁴⁷ Nonetheless, more evidence is needed to conclude that the decline in the adolescent birth rates is a result of the show as various factors may have contributed to the declining rate. What is more certain is the role of the media and how it has the potential to be a powerful driver of social outcomes.

Contrary to the popular negative representation of adolescent mothers as “*dek rad*,” a Thai word referring to a promiscuous girl, many adolescent mothers are naïve studious women with little knowledge of sexual health. Such a label is neither entirely accurate nor appropriate to describe them. “*Dek rad*” are labeled as an at-risk group, when in reality any girls can become adolescent mothers if she has sexual intercourse without using protection.¹⁴⁸ This is reflected in a voice of Jib, a 17 years old adolescent mother, who became pregnant at 15 years old. Jib's boyfriend left her when she told him about her pregnancy. “Some people think that adolescent mothers are bad because they become pregnant when they don't even finish school, but in reality it is not like that. Sometimes unexpected events may happen. I don't want society to condemn

¹⁴⁶ Wiltz, “Racial and Ethnic Disparities Persist in Teen Pregnancy Rates.”

¹⁴⁷ Kearney and Levine, “Media Influences on Social Outcomes: The Impact of MTV's 16 and Pregnant on Teen Childbearing.”

¹⁴⁸ Toompu, “โลกนี้ไม่มี ‘หญิงแรด’ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

me and other like me who have made a mistake, especially those who are close to adolescent mothers. Most importantly, this lesson has taught me that no man could ever love me as much as my parents.”¹⁴⁹ While Film, another adolescent mother, expressed that she feels hurt and shamed especially when she goes to the hospital for routine checkups: her physician and nurses look at her in a bad way; when the nurse calls her name with “*dek ying*” as title, a Thai word attached in front of the first name of female girls aged younger than 15 years, people around her would give her a contemptuous look, making her feel like society has already judged her as a bad person.¹⁵⁰ Unfortunately, young girls’ voices are usually underrepresented in the media and various publications even in the problem that most concern them. From a review of articles about teen mothers in Canada, only 3% represent the voices of teen mothers.¹⁵¹ Thus, the depictions of adolescent mothers as social ills and “children having children” remain pervasive in society, a label largely forced upon adolescent mothers by others but themselves.

Sex is a Taboo Topic

Traditionally and even today in Thailand, frank discussions on the topic of sex is very difficult regardless of the context, whether public or private, due to social and cultural norms that discourage such discussions since sexual intercourse is not expected until after marriage.¹⁵² Consequently, Thai adolescents lack any real understanding about sex and the various means of using contraceptives because parents and teachers are not comfortable with this subject, leaving the adolescents to find answers on their own and/or seek guidance from their friends.

Despite the cultural belief that adolescents should not be sexually active, the reality is that they are and will likely continue to be whether adults like it or not. ABAC poll found that

¹⁴⁹ Prasert, “เข้าใจ...แม้วัยรุ่นหนูไม่ใช่คนไม่ดี!”

¹⁵⁰ Sopontammarak, “วอนสังคมเปิดใจ...ยอมรับแม่วัยรุ่น - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

¹⁵¹ Kelly, “Stigma Stories Four Discourses About Teen Mothers, Welfare, and Poverty.”

¹⁵² Thato et al., “Predictors of Condom Use Among Adolescent Thai Vocational Students.”

children age 9 to 18 years have little understanding about sexual health; 65% of the surveyed adolescents reported that they do not know methods of contraception.¹⁵³ 60% of female and male adolescents expect and want to seek sex advice from parents, while 45% from teachers, respectively.¹⁵⁴ Nonetheless, parents and teachers reported feeling uncomfortable having to discuss sexual related matters with their children.¹⁵⁵ This finding correlates with a survey conducted in Chiangmai where 90% of the parents in the study do not think that they should be the first ones to teach their children about sex and relationships.¹⁵⁶ A study of 400 parents found that parents least want to talk with their adolescent children about sexual desire and how to divert sexual desire.¹⁵⁷ The second topic parents least like to talk about is pregnancy prevention and contraceptive use.¹⁵⁸

Thai parents do not talk about sex with their children out of fear that the discussion of sex education itself would encourage their children to engage in sexual activities. Many parents also believe that their children simply do not need to learn about sex-related information. The “knowing will lead to doing” argument raised by parents is cited repeated in many studies involving parental interviews.¹⁵⁹ For instance, 73% of parents in the Chiangmai study did not think that sex education should be taught in school because it would encourage their children to have early sex.¹⁶⁰ At the same time, a study conducted in the rural villages in the Northeastern province of Udon Thani involving 30 parents revealed the three primary reasons for parents not

¹⁵³ Jirawattanakul et al., “Prevention of and Dealing with Teenage Pregnancy.”

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ Vuttanont et al., “‘Smart Boys’ and ‘sweet Girls’—sex Education Needs in Thai Teenagers: A Mixed-Method Study.”

¹⁵⁷ Panyayong ปัญญาขง, *การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [Revisitation of Knowledge: Adolescent Pregnancy]*.

¹⁵⁸ Ibid.

¹⁵⁹ Sridawruang, Pfeil, and Crozier, “Why Thai Parents Do Not Discuss Sex with Their Children: A Qualitative Study.”

¹⁶⁰ Vuttanont et al., “‘Smart Boys’ and ‘sweet Girls’—sex Education Needs in Thai Teenagers: A Mixed-Method Study.”

talking to their children about sex were 1) embarrassment and uncertainty of how to bring up the subject 2) belief that sex education is not a parental duty and 3) a lack sex education themselves or a lack of time.¹⁶¹ Nevertheless, the last reason cited may not be an accurate representation of all Thai parents from other socioeconomic statuses as majority of parents in such studies were farmers and day laborers, many of whom only have primary educational level. A parent's level of education is an important factor in determining children's sexual health risks.¹⁶² A higher level of parental education has been associated with lower adolescent sexual activity, delayed sexual initiation, safer sexual practices, and lower risks of pregnancy.¹⁶³

Furthermore, a majority of Thai parents believe that their main role in educating their children about sex is to instruct their children not to have sex.¹⁶⁴ A study of 351 parents found 93% to believe that their adolescent children should not have a boyfriend or a girlfriend.¹⁶⁵ Not surprisingly, when it comes to talking about sex parents teach girls and boys differently. For girls, most parents use the prevention tactic by reminding them of qualities of a virtuous Thai woman and by threatening them about the negative consequences of unintended pregnancy.¹⁶⁶ Parents' attitudes toward sex make the discussion on this subject between them and their children difficult, limiting adolescents to consult with their parents only when a problem arises.¹⁶⁷ No matter how hopeful parents are that their children will not engage in premarital sex, it is better for them to discuss the topic openly and with appropriate sexual information with their children

¹⁶¹ Sridawruang, Pfeil, and Crozier, "Why Thai Parents Do Not Discuss Sex with Their Children: A Qualitative Study."

¹⁶² Santelli et al., "The Association of Sexual Behaviors With Socioeconomic Status, Family Structure, and Race/Ethnicity Among US Adolescents."

¹⁶³ Ibid.

¹⁶⁴ Vuttanont et al., "'Smart Boys' and 'sweet Girls'—sex Education Needs in Thai Teenagers: A Mixed-Method Study."

¹⁶⁵ Ibid.

¹⁶⁶ Jirawattanakul et al., "Prevention of and Dealing with Teenage Pregnancy."

¹⁶⁷ Ibid.

in order to better equip their children with useful knowledge and the necessary skills to practice safe sex so that they can avoid sexually transmitted diseases (STDs) and unintended pregnancy. Adolescents who talk to parents about sex are more likely to use contraceptives than adolescents who do not talk to parents.¹⁶⁸ Additionally, female students who perceived they had adequate parental or guardian bonding were less likely to have sexual intercourse than those without parental or guardian bonding.¹⁶⁹

Failed Sex Education

Traditional values continue to prevent the implementation of effective policies that are designed to help improve the livelihood of pregnant and parenting school-age women. Although Thailand has invested a substantial amount of money in education per GDP, ranked second in the world, the quality of education overall and sex education in particular do not reflect a high return on investment.¹⁷⁰ Thai students perform very poorly in comparison to those in other countries; in many reports it was found that Thailand ranked among the last in ASEAN in term of the quality of education.¹⁷¹ The result of the 2009 Program for International Student Assessment (PISA) test also showed that only 43% of children in Thailand aged 15 passed tests in Reading and Science. Test results in Mathematics was not much better with 53% passing. Moreover, there were significant disparities between urban and rural areas.¹⁷²

Despite sex education having been a topic covered in the national media, there remains no national consensus nor do strategies exist on how best to proceed. Many educators believe

¹⁶⁸ Nokdee, “3 ยุทธศาสตร์แก้ปัญหาท้องไม่พร้อม - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

¹⁶⁹ Peltzer and Pengpid, “Prevalence and Social Correlates of Sexual Intercourse among School-Going Adolescents in Thailand.”

¹⁷⁰ Chokwiat โชควิวัฒน์, “การประจุมระดับชาติ เรื่องสุขภาพทางเพศ ครั้งที่ 1 การตั้งครรภ์...ในวัยรุ่น ปาฐกถา คุณภาพชีวิตวัยรุ่น คุณภาพประเทศไทย.”

¹⁷¹ Ibid.

¹⁷² “Consideration of Reports Submitted by States Parties under Article 44 of the Convention Concluding Observations: Thailand.”

teaching students about sex education will encourage them to have sexual intercourse, creating disagreements among the various stakeholders and making comprehensive sex education nationwide very difficult.¹⁷³ As such, sex education curricula and methods of delivery differed widely between schools. Consequently, Thai male and female adolescents continue to lack the experience of formal educational information, which may lead to unsafe sex activities.¹⁷⁴ Currently, sex education is not a standalone subject on its own; it is often integrated into health or physical education.¹⁷⁵ It can be said that sex education is not comprehensive enough to prepare students with the necessary skills to protect themselves from unsafe sex practices.¹⁷⁶ Evidence suggests that girls worldwide are often given education on sex (particularly menstruation, pregnancy, and birth) but in many societies including Thailand, because of their unequal status, girls are unable to put this education into action, particularly in sexually coercive situations.¹⁷⁷ Moreover, boys might not be taught or receive sufficient emphasis on gender-specific issues associated with girls such as pregnancy or menstruation, which again places more responsibility for learning about and controlling sexual activity on girls.

A major aspect contributing to failed sex education is the lack of teachers' knowledge, personal negative perceptions, and inadequate time spent on this subject. Teachers seldom receive specialized knowledge about teaching sex education. They were provided with textbooks, which mainly emphasize the biological aspects of sex with little focus on practicalities around sex and the negotiating skills needed in some sexual situations.¹⁷⁸ Many lack basic

¹⁷³ Archavanitkul อาชวานิกุล, *อิงเวลา..ต้องเข้าใจและแก้ไข...ความรุนแรงทางเพศ เอชไอวี และท้องไม่พร้อม [Understanding and Solutions to Sexual Violence, AIDS, and Unintended Pregnancy]*.

¹⁷⁴ Kay, Jones, and Jantaraweragul, "Teaching Sex Education in Thailand."

¹⁷⁵ Panyayong ปัญญาอง, *การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [Revisitation of Knowledge: Adolescent Pregnancy]*.

¹⁷⁶ Ibid.

¹⁷⁷ Vuttanont et al., "'Smart Boys' and 'sweet Girls'—sex Education Needs in Thai Teenagers: A Mixed-Method Study."

¹⁷⁸ Ibid.

understanding and incorrectly teach students to use safe periods and external ejaculation as part of acceptable safe sex methods.¹⁷⁹ The majority of teachers admitted feeling uncomfortable teaching sex education.¹⁸⁰ As such, curricula were modified based on teachers' personal and religious values, and sometimes curricula were overtly censored if teachers held traditional ideologies.¹⁸¹ The main approach to sex education for female students aims to teach them not to have sex and to be afraid of abortion by telling scary tales that end in death, rather than teaching them about safe sex practice and contraception.¹⁸² Pattarawadee Jaithong, Vice President of the Children and Youth Council of Thailand, states that majority of the teachers do not teach sex education in school because of bad attitudes toward sex-related topics and conservative values; teachers feel that students who ask about sex are bad students.¹⁸³ She thinks it would be best to solve this problem if teachers and school boards are more open-minded and more understanding to adolescents' needs.¹⁸⁴ Teachers should not view sex education as guiding students toward an immoral path and should be more concerned about the negative consequences that could impact students' lives from the lack of knowledge.¹⁸⁵ A randomized survey of 193 sex education teachers across the country reported teaching sex education from eight to nine hours per academic year and believed this is the right amount of time.¹⁸⁶ This reflects that teaching materials and knowledge are limited. In the same study, over 83% of teachers agreed or strongly agreed that the media and celebrities provide negative sexual images as role model for

¹⁷⁹ “ครูอาชีวศึกษาชี้ปัญหาเพศศึกษา ผู้สอนขาดความรู้และทักษะการสอน.”

¹⁸⁰ Vuttanont et al., “‘Smart Boys’ and ‘sweet Girls’—sex Education Needs in Thai Teenagers: A Mixed-Method Study.”

¹⁸¹ Ibid.

¹⁸² สำนักงานคณะกรรมการสิทธิมนุษยชนแห่งชาติ National Human Rights Commission of Thailand, “ปัญหาเยาวชนหญิงที่ตั้งครรภ์ก่อนวัยอันควร กับมิติสิทธิมนุษยชน.”

¹⁸³ Suvetwethin, “พ.ร.บ. ตั้งครรภ์ กับเสียงวัยรุ่นในสังคม - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

¹⁸⁶ Kay, Jones, and Jantaraweragul, “Teaching Sex Education in Thailand.”

adolescents who lack experience in life.¹⁸⁷ This reiterates the point made earlier about the negative examples set by the media.

Sex education, where and when it is taught, doesn't reach out to a large enough audience. It is only taught in the formal school setting and is usually only targeted at students who are classified as at-risk groups. Students are classified and divided by teachers into different groups based on academic performance, and then they are selected to participate in sex education workshops or activities by health workers only at the teacher's discretion. Such methods are inherently unfair. All students should be given an equal opportunity to learn about useful reproductive health information. Every student is at-risk of contracting STDs; every female student is at-risk of becoming an adolescent mother regardless of her academic standing. Students who are very academically oriented are particularly at-risk of becoming pregnant because they usually do not know how to protect themselves, unlike students who have been sexually active for a longer period of time. It is often the case that sex education and its related activities are held in a large venue, such as an auditorium; this makes it difficult for teachers and/or health experts to command the attention of all students in the audience.¹⁸⁸ Moreover, the lack of privacy further prevents students from asking sexual and pregnancy-related questions.¹⁸⁹ Thus, sex education delivered in this manner becomes a one-way street, failing to educate children about useful reproductive health information. Additionally, sex education usually is taught in high school when many adolescents have already begun experimenting with sex. Over 60% of adolescents reported having unprotected sex; on average adolescents had their first

¹⁸⁷ Ibid.

¹⁸⁸ สำนักงานคณะกรรมการสิทธิมนุษยชนแห่งชาติ National Human Rights Commission of Thailand, “ปัญหาเยาวชนหญิงที่ตั้งครรภ์ก่อนวัยอันควร กับมิติสิทธิมนุษยชน.”

¹⁸⁹ Ibid.

sexual encounter at 12 years old.¹⁹⁰ Consequently, teaching students only in high school fails to prepare adolescents soon enough with necessary skills and contraceptive methods.

As mentioned, parents and teachers are not comfortable and are not willing to teach sex education to adolescents, causing these young people to seek answers either among themselves or from the internet. A study by Petchnoi et al found that 89% of adolescents seek sex-related advice from friends or lovers, 7% from teachers and only 4% from parents.¹⁹¹ Nonetheless, an increased number of adolescents (43%) reported seeking advices from parents after getting an abortion.¹⁹² Another survey conducted by Women's Health Advocacy Foundation, reported that a majority of adolescents interviewed indicated that when they want to learn about sexual information they look to the internet because of its privacy.¹⁹³ A study that involved 3,114 adolescent mothers randomly selected from across the country found that 70% of adolescent mothers learn about sex-related information from their friends or their boyfriends.¹⁹⁴ Not surprisingly, when adolescent girls first find out they are pregnant, they first seek advice from friends and/or sex partners, especially if they are interested in getting an abortion.¹⁹⁵ This is largely because adolescents are afraid to consult parents or teacher out of fear that they would get scolded and/or expelled from school.¹⁹⁶ Adolescent mothers usually decide to talk to parents when they would like to know if their parents would help take care of their babies.¹⁹⁷ While

¹⁹⁰ “ดราม่าพันทิป! ทำไมเด็กตั้งท้องในวัยเรียน ต้องถูกโรงเรียนบังคับให้ลาออก.”

¹⁹¹ Panyayong ปัญญาขง, *การทบทวนองค์ความรู้: การตั้งครรถ์ในวัยรุ่น [Revisitation of Knowledge: Adolescent Pregnancy]*.

¹⁹² Ibid.

¹⁹³ Sopontammarak, “วัยรุ่น กับคำถามเรื่องเซ็กส์ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

¹⁹⁴ Jirawattanakul et al., “Prevention of and Dealing with Teenage Pregnancy.”

¹⁹⁵ Ibid.

¹⁹⁶ “มุมมองใหม่สู่กฎหมายอนามัยเจริญพันธุ์ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

¹⁹⁷ “ท้องไม่พร้อม ต้องมีทางเลือก: บูรณาการปรึกษาทางเลือกกับศูนย์พึ่งได้ (OSCC) เพื่อช่วยเหลือผู้หญิงท้องไม่พร้อม.”

adolescents can learn about sex-related information from friends and can easily access any information from the internet, these sources may not always provide accurate information.¹⁹⁸

An Act Aiming to Protect Pregnant and Parenting Adolescents Failed

While Thailand has attempted to implement policies to protect pregnant adolescents, there has been little success due to political and social disagreements. In 1997, the government introduced the Reproductive Health Act to recognize adolescent pregnancy as a growing concern in Thailand and in an attempt to follow international human rights standards, but the law did not gain the public's attention until 2010 following headlines in various newspapers. The proposed Act guarantees adolescents the right to learn about their sexual and reproductive health as well as seek consultation from government-provided clinics without compromising their identities.¹⁹⁹ With regards to sexual education, the Ministry of Public Health stipulates that it should be part of the national curriculum taught in school to help children learn about their responsibilities. The Act directs that given the nature of the topics to be discussed, age-appropriate language must be used.²⁰⁰ Furthermore, promises of government aid are included to provide assistance to those girls in terms of physician care. The Act was widely supported and agreed by majority of the Thai people, leading to its approval by the Cabinet in 2011. Director of the Bureau of Reproductive Health, Ministry of Public Health, Doctor Kittipong Saejeng believed that this Act would set a national standard as guideline for all schools to follow, meaning that pregnant girls have the right to remain in schools unless they prefer to leave at will.²⁰¹ Other prominent figures advocating for reproductive health rights and prevention of adolescent pregnancy also believed that this Act would recognize this problem as a national agenda and would help solve the

¹⁹⁸ “มุมมองใหม่สู่กฎหมายอนามัยเจริญพันธุ์ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

¹⁹⁹ “กฎหมายอนามัยเจริญพันธุ์ หลักประกันสิทธิประชาชน.”

²⁰⁰ Ibid.

²⁰¹ “The Reproductive Health Bill: Reduce Abortion and Students Abruptly Leaving School.”

problem in the long-run.²⁰² Nonetheless, the most controversial Article and the underlying reason the Act did not pass was the policy stipulated in Article 12, which stated that the Ministry of Education guarantees pregnant female students can remain in school as well as return to their studies after childbirth.²⁰³

Major opponents of the Reproductive Health Act are social groups, such as the Sexual Identity Group. It views the Reproductive Health Act as a cultural drawback.²⁰⁴ This group warned Thai citizens that if this Act becomes law, the belief that Thai women should save their virginity for marriage will be ultimately eradicated. Additionally, it also believes that allowing pregnant young females to remain in schools will normalize their negative view of adolescent sexual intimacy. The Sexual Identity Group has requested the Ministry of Public Health reconsider this proposed Act because of its adverse implications to Thai society.²⁰⁵ There is evidence that these opposition groups are also influencing the opinion of Thai people. In a survey conducted by the National Institute of Development Administration (NIDA) seeking the opinion of individuals regarding the Reproductive Health Act, 66% of a random sample of Thai people felt that sexual intercourse among adolescents would increase if the Act is passed.²⁰⁶ The stand taken by this group reemphasizes the role traditional cultural beliefs play in influencing laws and shows that safeguarding the traditional ideology is more important than protecting and supporting pregnant girls' rights. Arguably, conservative social views push girls to abandon their studies resulting in many young women lacking the skills needed to better their lives.

²⁰² Panyayong ปัญญาอง, *การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [Revisitation of Knowledge: Adolescent Pregnancy]*.

²⁰³ “หวังกม.เจริญพันธุ์แก่ท้องไม่พร้อมออกรร.กลางคัน.”

²⁰⁴ “Sexual Identity Group เครือข่ายอัตลักษณ์ทางเพศจีเสช.พิจารณาร่างพ.ร.บ.คุ้มครองอนามัยเจริญพันธุ์ : มติชนออนไลน์.”

²⁰⁵ Ibid.

²⁰⁶ “ศูนย์ข้อมูล&ข่าวสืบสวนเพื่อสิทธิพลเมือง (TCIJ).”

Pregnant Students and School Leaving

The hostile environment faced by Thai pregnant and parenting adolescents in the school setting has not been well recorded since they have never been allowed to remain in school once their pregnancy is known; however, discrimination against these girls in educational settings are widely prevalent in other countries, including the US. President of the Thai Medical Student Association, Tawatsapon Tumbumroong, states that in most of the cases he found that when adolescent girls become pregnant, they usually have no choice but to leave school.²⁰⁷ In some cases involving students from higher socioeconomic status, the two families would make the girl and the baby's father get married.²⁰⁸ Currently, there is no record of how many pregnant and parenting adolescents leave school each year as schools do not keep such records because such information if it became known could ruin the school's reputation. Nonetheless, based on data of secondary school students nationwide collected between 2005 to 2009 by the Ministry of Education, the ratio of female students leaving schools attributable to marriage was 8.7 times the number of male students; it was suspected by officials that most of these were leaving because of unintended adolescent pregnancy.²⁰⁹

Although Thai schools do not explicitly state that female students will be expelled if pregnant, in practice, schools will not allow pregnant girls to continue their education. Accounts of three ill-fated 16 year old pregnant students make for good examples. The first account is of Somsee who was interviewed by a reporter in March 2015. Somsee became pregnant when she was in 10th grade and was later summoned by school authorities to ask about her pregnancy. Once she confirmed it, her parents were notified to come to the school. Despite Somsee's pleas

²⁰⁷ “เปิดอกคุณแม่ยังสาว! บทบาทที่ไม่ง่ายอย่างที่คิด.”

²⁰⁸ Ibid.

²⁰⁹ “The Reproductive Health Bill: Reduce Abortion and Students Abruptly Leaving School.”

to continue her education during her pregnancy, the school officials denied her request stating that she would set a bad example for other students. While they did not directly expel her, they strongly advised her not to come back to school and suggested that it was best for her to continue her education through the non-formal path.²¹⁰

Similar to Somsee, Thita had her education cut short when she became pregnant. Her account was published by an obstetrician with over 7 years of experience.²¹¹ He questioned why pregnant adolescents could no longer remain in school during pregnancy or return after childbirth. Thita was an 11th grader at one public school on the outskirts of Bangkok. She had good academic standing and was regularly involved in the school's extracurricular activities. Her dream was to become a pharmacist. Reportedly, she became pregnant after having unprotected sexual intercourse only once. Despite Thita's and her family's wishes to drop from the school temporarily and then return after childbirth, their request was rejected by the school authorities stating that "pregnancy violates the policies of the school, thus, a student must leave."

While some might think that Thita and others like her could easily move to another school, this is not as easy as it seems. This is because Thai public schools are open for general registration and enrollment only during 7th and 10th grades. Enrolling and/or transferring outside those two grade levels is uncommon among Thai students, and usually takes place under exceptional circumstances, an option usually limited usually only to those in society with the means to do so (i.e. people in higher socio-economic status and people with special connections to a particular school, etc). Thita did not come from such family and attending her current school was her only option of continuing her education. Other schools were too far away. Two

²¹⁰ SpringNews, *ไซปมข่าว* 20/3/58.

²¹¹ “ครามาพันทิป! ทำไมเด็กตั้งท้องในวัยเรียน ต้องถูกโรงเรียนบังคับให้ลาออก.”

years after giving birth, the obstetrician ran into Thita by chance at the hospital when she came in with her infant for a regular check up with a pediatrician. He found out that she is now working as a backup dancer to a small local dance band, barely earning minimum wage.²¹²

The last account is of a girl named Vimuan as recollected by a nurse.²¹³ Vimuan was the only child in the family; her parents were farmers.²¹⁴ She had been sent away from home to stay in a dorm near school in the urban center due to the limited number of good schools in her rural village. Vimuan was a very studious student and received a scholarship because of her stellar academic record. Like Somsee and Thita, Vimuan became pregnant after unprotected sexual intercourse with her boyfriend. When she first learned of her pregnancy, she was too afraid to tell her parents as she didn't want to let them down. She did not consult anyone until she was seven months pregnant, and was asked by the dorm director who noticed her growing belly size. Vimuan did not want to keep the baby because she wanted to continue her education. The dorm director advised her to get an abortion from an illegal clinic, where she later became infected from the unsafe procedure. Her friends discovered Vimuan in her room with high fever and her face was purple. She was sent to the hospital and her parents were informed. After a few days of treatment, her condition stabilized before suddenly worsening. Vimuan died well before her time. Had all three girls and many others like them been given a second chance, their lives would surely have turned out far differently.

²¹² Ibid.

²¹³ “108 คนไข้ I.C.U. - คนไข้ I.C.U. คนไข้เตียงที่ 14 Septic Abortion (ติดเชื้อจากการทำแท้ง).”

²¹⁴ “ห้องไม่พร้อม ต้องมีทางเลือก: บูรณาการปรึกษาทางเลือกกับศูนย์พึ่งได้ (OSCC) เพื่อช่วยเหลือผู้หญิงห้องไม่พร้อม.”

Historical Context

Until the early 1970s, even with the rising incidence of adolescent pregnancies in the US, most public schools usually forced pregnant students, even married ones, to drop out of school; these young mothers were also discouraged from reentering their regular high school class.²¹⁵ Unmarried pregnant students often obtained illegal abortions.²¹⁶ Unmarried school-aged women who decide to keep their babies were quietly sent to a maternity home in another community and were encouraged to place their child up for adoption.²¹⁷ In 1972, Title IX of the US Education Amendment of 1972 was enacted to recognize the growing problem of adolescent pregnancy and to protect the rights of pregnant girls.²¹⁸ Title IX is a comprehensive law designed to protect students against all types of discrimination in school, including but not limited to the right to stay in school, to participate in all school activities, and protects students from being harassed by other students or school employees.²¹⁹ Nonetheless, governmental programs such as family planning, maternal and child health, educational, and vocational education funds along with private support remain largely invisible.²²⁰ Unlike other groups (e.g., the physically challenged, senior citizens, gays and lesbians), pregnant students and their parents do not have any key group of advocates seeking services due to the “powerful stigma” attached to adolescent sexuality and pregnancy.²²¹

For many girls, being pregnant as a student may very well mark the end of their formal education, increases the risk of poverty and can result in a lifelong dependency on welfare. A

²¹⁵ Burdell, “Teen Mothers in High School: Tracking Their Curriculum.”

²¹⁶ Ibid.

²¹⁷ Vinovskis, *An “epidemic” of Adolescent Pregnancy? Some Historical and Policy Considerations.*

²¹⁸ Nash and Dunkle, “The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens.”

²¹⁹ “Title IX: A Pregnancy Test for Schools: THE IMPACT OF EDUCATION LAWS ON PREGNANT AND PARENTING STUDENTS.”

²²⁰ Burdell, “Teen Mothers in High School: Tracking Their Curriculum.”

²²¹ Weatherley, “Comprehensive Services for Pregnant and Parenting Adolescents: Historical and Political Considerations.”

Gates Foundation study found that 50% of female dropouts surveyed said that pregnancy or becoming a parent played a role in their decision to leave school.²²² Other studies also cited pregnancy as the leading factor contributing to female dropouts.²²³ Those who do continue their education remain extremely vulnerable to discrimination and harassment, causing only 38% of adolescent mothers to earn a high school diploma by age 22 compared to 90% of women who have not given birth as an adolescent.²²⁴ While various other factors, such as their physical health during pregnancy may contribute to an interruption in school or the decision to drop out altogether, discriminatory policies and practices as well as negative attitudes among staff against these girls continues to push them out of school, denying them the most fundamental of human rights – the right to education. Even worse, many schools expel students outright once their pregnancy is known. For example, a charter school in Louisiana came under public attack after it banned pregnant adolescents from attending classes on campus.²²⁵ The school even had as part of its handbook a requirement for students to either switch to another school or to begin a home school program once pregnant. Moreover, if the school suspected a girl of being pregnant, administrators could force her to take a pregnancy test.²²⁶ This is in line with another study, which found that 25% of tested high schools in Santa Clara County discriminated against pregnant adolescents by either forcing or pressuring them to attend alternative schools.²²⁷ Without a high school diploma, these girls will have few opportunities to pursue a college degree and are limited to low-paying jobs, leaving them unable to competitively and effectively fend for themselves and their babies.

²²² “Title IX: A Pregnancy Test for Schools: THE IMPACT OF EDUCATION LAWS ON PREGNANT AND PARENTING STUDENTS.”

²²³ Shuger, “Teen Pregnancy & High School Dropout.”

²²⁴ Volny, “Teen Parents Face Stigma When They Return to School.”

²²⁵ Culp-Ressler, “Too Often, Teen Mothers Receive Shame Instead Of Support.”

²²⁶ Ibid.

²²⁷ “Study:pregnant Los Altos Students Face Discrimination (January 24, 2003).”

Discriminatory Policies and Practices

Many schools lack clear policies regarding how to treat pregnant and parenting students, and discriminate against these girls once they find out about the pregnancy. A survey of twelve diverse schools across the US found that nine out of twelve (or 75%) schools have violated Title IX of the US Education Amendment of 1972.²²⁸ This corresponds with visits to 30 schools by RAND, showing that none of the schools had a comprehensive written policy concerning the treatment of pregnant students and adolescent mothers.²²⁹ A common practice among many districts was to transfer pregnant students to an “inclusive program,” designed specifically for pregnant and parenting students, as soon as possible.²³⁰ Some of the common Title IX problems identified from the survey include, for example, not allowing excused absences from school for problems associated with pregnancy, not allowing pregnant and parenting students to be in clubs or run for class office or serve as student government representatives, not allowing pregnant or parenting students to be eligible for scholarships, financial aids and prizes on the same basis as other students, denying pregnant or parenting students recommendations for jobs or further education due to their pregnancy or parenthood, and so on.²³¹ Luttrell found in her interviews with pregnant students enrolled in the Piedmont Program for Pregnant Teens (PPPT) in North Carolina that they were forced to sit in the last row in the gym auditorium for a school photoshoot and that they were harassed by other students during the photoshoot itself; the girls’ request to change such practices was denied by school officials on the ground that this has long been the school policy.²³² Natasha also recalled her horrific experience in a classroom where she

²²⁸ Nash and Dunkle, “The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens.”

²²⁹ Zellman, “A Title IX Perspective on the Schools’ Response to Teenage Pregnancy and Parenthood.”

²³⁰ Ibid.

²³¹ Nash and Dunkle, “The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens.”

²³² Luttrell, *Pregnant Bodie, Fertile Minds Gender, Race, and the Schooling of Pregnant Teens*.

was dehumanized and completely humiliated by her teacher. After explaining that she needed to leave a classroom to pump milk, the teacher denied her repeated requests, but when her milk finally started to leak through the pads, the teacher then looked over and said to her in front of the whole class: “You’re leaking breastmilk.”²³³ Natasha immediately ran out of the classroom to the nurse’s office and cried heavily.²³⁴ The teacher could have handled the situation differently in ways that would have respected the pregnant student’s rights and dignity.

Pregnant girls and adolescent mothers are viewed as second-class students by many teachers and school administrators.²³⁵ Another adolescent mother also named Natasha was no longer able to remain in her honor classes after finding out that she was pregnant; she was also discouraged from applying to college by the school’s counselor.²³⁶ Having been denied the option to remain enrolled in honor classes and discouraged from applying to university by Natasha’s counselor simply reinforces the idea that adolescent mothers should stop trying because they cannot succeed anyway. In the same survey of twelve diverse schools across the US, 55% of the respondents reported that teachers think of pregnant and parenting students as morally or intellectually inferior.²³⁷ Most staff believe that whatever the initial capability of a pregnant school-aged woman, becoming a parent will inevitably reduce her educational and vocational success.²³⁸ “Having wasted her potential, many staff do not want to invest a great deal of effort in her.”²³⁹ In Canada, Bobbi-Jo Hanson was not allowed to continue as student council

²³³ Vianna, “It’s Not Just Those Awful Ads in NYC.”

²³⁴ Ibid.

²³⁵ Nash and Dunkle, “The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens.”

²³⁶ Vianna, “It’s Not Just Those Awful Ads in NYC.”

²³⁷ Nash and Dunkle, “The Need for a Warming Trend: A Survey of the School Climate for Pregnant and Parenting Teens.”

²³⁸ Burdell, “Teen Mothers in High School: Tracking Their Curriculum.”

²³⁹ Zellman, “A Title IX Perspective on the Schools’ Response to Teenage Pregnancy and Parenthood.”

president because she became pregnant.²⁴⁰ Officials at the high school said that she was supposed to be a role model, a leader, but she was not.²⁴¹ She filed a complaint against the school board with the Human Rights Commission and received a letter of apology from the school officials.²⁴² These examples show that even when a pregnant student is allowed to remain in school, it can be very difficult to do so when confronted with almost daily acts of discrimination, intimidation, and misconduct from adults who expect nothing but for them to fail. The lack of empathy from teachers and school staff has marginalized pregnant and parenting students, creating a conscious awareness of stigma that becomes internalized as feelings of inadequacy and unworthiness.

Pregnant students are also constantly being harassed and bullied by their classmates. Often, these girls report being called a “slut” at school and being bombarded by rumors surrounding their pregnancy.²⁴³ In an experiment conducted by an Oregon high schooler who faked her pregnancy to learn firsthand about the stigma in school, she described how she lost many friends and was harassed by friends as well as teachers.²⁴⁴ Various studies have shown the possible effects of student-on-student harassment and bullying, which may include lowered academic achievement and aspirations, loss of self-esteem and confidence, depression, deterioration of physical health, self-harm and suicidal thoughts, feelings of alienation in the school environment (i.e. fear of other students), and absenteeism from school.²⁴⁵ These examples show how harassment fosters a climate of fear. Indeed, a hostile learning environment can seriously impair the physical and psychological health of pregnant students, which in turn

²⁴⁰ Kelly, “Stigma Stories Four Discourses About Teen Mothers, Welfare, and Poverty.”

²⁴¹ Ibid.

²⁴² Ibid.

²⁴³ “Title IX: A Pregnancy Test for Schools: THE IMPACT OF EDUCATION LAWS ON PREGNANT AND PARENTING STUDENTS.”

²⁴⁴ Culp-Ressler, “Too Often, Teen Mothers Receive Shame Instead Of Support.”

²⁴⁵ “Fact Sheet on Harassment and Bullying.”

ultimately can cause them to dropout from school. Students must be held accountable for their negative actions that impact other students' learning ability. More importantly, school authorities have obligations to take immediate and appropriate action to investigate harassment cases and reprimand perpetrators to end harassment, eliminate any hostile environment and prevent future harassment from recurring. Nonetheless, it is often the case that school officials and teachers fail to take any required action to help pregnant students. A supportive environment at school would make a great difference in these girls' lives, and as the survey shows, among high school dropouts, those most likely to have stayed are pregnant students if they had received greater support from the adults at school.²⁴⁶

²⁴⁶ Mangel, "Teen Pregnancy, Discrimination, and the Dropout Rate."

SECTION 3

THAI CONTEMPORARY EDUCATIONAL POLICIES IN COMPARISON TO INTERNATIONAL HUMAN RIGHTS STANDARDS AND CRITIQUES OF THE POLICIES AND PRACTICES BY LOCAL EXPERTS

This section examines educational rights to which pregnant and parenting adolescents are entitled under the international human rights treaties as well as rights enshrined in other documents, such as national laws. Major themes uncovered from the in-depth individual interviews will be analyzed and discussed in relation to the human rights frameworks and Thailand's system of laws.

Education under the Human Rights Framework

Article 26 of the Universal Declaration of Human Rights (UDHR) clearly states that “everyone has the right to education.”²⁴⁷ Although the UDHR is not a legally binding document, it is viewed by many as the magna carta of human rights. Other international treaties also stipulate that state parties must take appropriate measures to eliminate discrimination against women and to ensure them equal rights with men in the field of education. For example, Article 10 section (f) of The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) requires national states to take appropriate measures to reduce female drop-out rates and to create programs for girls and women who left school prematurely; this clause is specifically applicable to pregnant adolescents.²⁴⁸ Section (h) of the same Article requires states to provide access to information regarding students' health and their well-being, including sexual and reproductive health.²⁴⁹ This means the Convention supports quality sexual education to keep students adequately informed on this topic. The majority of the pregnant and parenting

²⁴⁷ Universal Declaration of Human Rights.

²⁴⁸ “CEDAW 29th Session 30 June to 25 July 2003.”

²⁴⁹ Ibid.

adolescents are also protected under the Convention on the Rights of the Child (CRC) as they are classified as children or by definition anyone “below the age of eighteen years.”²⁵⁰ Article 28 of the CRC not only requires state parties to ensure every child has equal opportunity to education, it also mandates that “school discipline is administered in a manner consistent with the child’s human dignity.”²⁵¹ Most pregnant adolescents are not treated anywhere near what would be considered acceptable under the Convention. Most importantly, under Article 3 of the CRC, the best interest of the child should be the primary concern of legislation and other policies.²⁵² These enunciated rights clearly outline the obligations of individual nations to provide basic education to everyone without discrimination and to take all necessary steps to ensure these rights are realized. Governments must fulfill their human rights obligations, which include a duty to protect, respect, and fulfill its citizens’ rights. Even when a right is subjected to progressive realization, the very basic form of the right should be provided by the government; and it cannot simply use the lack of financial resources as a defense to deny girls the right to education.

Thailand is a signatory to both CEDAW and CRC. Thus, Thailand must fulfill its obligations to enforce and protect the rights entitled to its people. It acceded to the CEDAW in August 1985 which later came into effect in September of the same year.²⁵³ Thailand also ratified the CRC in 1992.²⁵⁴ Ever since the ratification of these two international instruments, the Thai government has made an effort to implement its obligations under CEDAW and CRC as reflected in many national legislative efforts. For instance, under the National Education Act of 1999, Thailand has already achieved the Millennium Development Goals (MDGs) on education,

²⁵⁰ “Convention on the Rights of the Child.”

²⁵¹ Ibid.

²⁵² Ibid.

²⁵³ “CEDAW 29th Session 30 June to 25 July 2003.”

²⁵⁴ “Consideration of Reports Submitted by States Parties under Article 44 of the Convention Concluding Observations: Thailand.”

providing 12-years of free compulsory education for all and initiated policies to enhance early childhood development.²⁵⁵ Nonetheless, low retention and transition rates persist at all educational levels with a substantial number of children not completing secondary education.²⁵⁶ As of 2010, an estimated 2 million adolescents are not in the school system and the number is growing.²⁵⁷ Furthermore, the overall quality of education remains poor due to the shortage of qualified and well-trained teachers as well as inadequate teaching materials, especially in remote areas.²⁵⁸ Both the Committees on CEDAW and CRC are concerned about the rising trend of adolescent pregnancy and how the Thai government has been responding to the problem. As shown in previous sections, adolescent pregnancy remains a great challenge due to traditional beliefs and cultural norms as well as failed policies. Thus far, the existing legal frameworks have not been able to serve the needs of and protect the rights of pregnant and parenting adolescents. Consequently, the rights of pregnant and parenting girls continue to be violated by government authorities, policies and programs, concomitantly with other relevant stakeholders. Serious efforts are needed to solve this problem and to support these girls so that their educational rights and their other inalienable rights are realized.

The “New” Legislative devoted to *khun mae wai sai*

Despite the failed attempt to ratify the Reproductive Health Act, a new law, the Act for Prevention and Solution of the Adolescent Pregnancy Problem, was recently announced in March 2016 and became effective in July of 2016.²⁵⁹ (Appendix C) This law outlines the various rights entitled to adolescents. For example, Section 5 stipulates that “an adolescent has the right

²⁵⁵ Ibid.

²⁵⁶ Ibid.

²⁵⁷ Panyayong ปัญญาขง, การทบทวนองค์ความรู้: การตั้งครรภ์ในวัยรุ่น [*Revisitation of Knowledge: Adolescent Pregnancy*].

²⁵⁸ “Consideration of Reports Submitted by States Parties under Article 44 of the Convention Concluding Observations: Thailand.”

²⁵⁹ Act for Prevention and Solution of the Adolescent Pregnancy Problem B.E. 2559 (2016).

to make a decision by his or her self and has the right to information and knowledge, the right to reproductive health services, a right to confidentiality and privacy, and a right to the social welfare provisions, that are equal and non-discriminative, and is entitled to any other rights for the purpose of this Act.”²⁶⁰ Section 6 mandates that schools must take steps to prevent and provide solutions for adolescent pregnancy by teaching sexuality studies which is appropriate to the age of the students as well as providing teachers and training able to teach such subjects.²⁶¹ Section 6(3) is a reminiscent of Article 12 of the Reproductive Health Act, which refers to education for school-age pregnant girls. It states that pregnant students are “to receive education in a suitable and continuous manner” including a referral system to receive appropriate reproductive health services and social welfare.²⁶² However, a striking difference between this law and the Reproductive Health Act lies in the wording “suitable and continuous manner,” which does not explicitly guarantee that pregnant students can remain in school during their pregnancies; it seems to leave the interpretation up to the authoritative figures of each individual school to decide the fate of pregnant girls. Furthermore, Section 9 establishes a list of social welfare programs to which pregnant adolescent girls are entitled to receive from the government, such as vocational training and alternative families in case where the adolescents are unable to raise the children themselves.²⁶³ While the government has made an effort to include two youth representatives, one male and one female, appointed by the Chairperson from the representatives of the Children and Youth Council of Thailand as part of the “Prevention and Solution of the Adolescent Pregnancy Problem Committee,”²⁶⁴ it is doubtful that they could command a voice in

²⁶⁰ Ibid.

²⁶¹ Ibid.

²⁶² Ibid.

²⁶³ Ibid.

²⁶⁴ Ibid.

a Committee led by the Prime Minister and filled with a dozen high ranking governmental figures.

Methodology

The three main governmental organizations interviewed in this study are: 1) Ministry of Education (MOE) 2) Ministry of Public Health (MOPH) and 3) Ministry of Social Development and Human Security (MSDHS). These three were chosen based on their leading roles in the area of unintended adolescent pregnancy. Three public secondary schools were chosen from a single school district in Bangkok for their similarity in academic curricula with different school sizes and students from varying socioeconomic backgrounds. Written consents were obtained and permission was granted from all sites prior to participants' individual recruitment and in-person interviews. The researcher later met with potential participants before the actual interviews, explaining the details of the study and obtaining verbal consent. The interviews were all conducted in Thai and later translated into English. The interviews took place in Bangkok and nearby provinces.

Study participants were recruited and were divided into three major groups: secondary school principals and teachers, government officials, and NGOs workers. Government officials and school teachers represent the Ministry of Education. Workers and officials at shelters were part of the Ministry of Social Development and Human Security. Meanwhile, government officials at the Ministry of Public Health were also interviewed. Teachers were recruited based on close proximity with pregnant and/or parenting students. Most teachers, with the exception of two, had direct experience with pregnant and/or parenting students. Teachers and principals were composed of males and females with varying years of teaching experience.

In total, 31 individuals participated in the study and were interviewed. These individuals are categorized as follows: 18 teachers and principals from the three aforementioned secondary schools; 11 government officials from the Ministry of Education, Ministry of Public Health, and Ministry of Social Development and Human Security; and two NGOs workers from a privately funded shelter. All participants were recruited and interviewed on a voluntary basis. The interview questions can be found in Appendix D to G.

Results from the Interviews

Five major themes emerged from the interviews: 1) pregnant students are often expelled or suspended from school based on their teachers' negative attitudes and personal beliefs toward adolescent pregnancy; 2) few if any consequences are leveled against the male student who impregnated his female classmate even when both students attend the same school; 3) teachers and government officials at the shelters primarily advise pregnant students to give birth without mentioning other alternative options; 4) the majority of the participants in the interviews lack a clear understanding of pregnant girls' educational rights; 5) preliminary assessment of the Act for Prevention and Solution of the Adolescent Pregnancy Problem by participants raised serious doubts about its ability to help pregnant and parenting adolescents to remain in school.

In Thailand, school ranking is determined using various indicators and the number of pregnant students found in the school is one of them. Thus, schools with pregnant students are viewed as ineffective and inferior, affecting their overall rating and potential funding from the government as well as from parents. It is believed by many teachers that pregnant students are seen as a reflection of teachers' poor ability to teach. As such, most schools authorities think that weeding pregnant students out will protect the image of the school and safeguard the reputation of the teachers. Principals and teachers were initially reluctant to discuss school

policies regarding pregnant students, fearing that people would find out that pregnant students were attending their school. Sixteen out of 18 teachers, including principals, have had close interactions with pregnant and parenting students in their teaching careers.

While the responses were mixed among the appropriate schooling options (i.e. home school and non-formal education) for pregnant and parenting students, the majority of the participants, particularly principals and teachers, favor expulsion or suspension of pregnant students citing three major reasons: 1) to protect the school's reputation; 2) to avoid setting a bad example that other students might follow; and 3) to maintain the purity of the school uniform.

School authorities are more concerned about protecting the school's reputation and their own credentials than protecting a pregnant girl's right to education. They would do anything to conceal outsiders from knowing about pregnant girls. Often, their reasons are justified on the grounds that pregnant students have violated the school policy of exhibiting inappropriate sexual behaviors.

"I want them to continue their studies, but in the non-formal path. When their abdomen grows large, it doesn't look good for the school's reputation. We have to conceal this. Even when we allow them to return after childbirth, they shouldn't come back because they have to raise their babies, and they will feel ashamed to come once their friends find out. In a way, it is a social punishment for other students to see that these girls have done something wrong. We have rules."

Male teacher, T3

"Pregnancy is against school policy. We will invite the parents to school to talk with them. It depends on the grade level of the student. We will let that student finish the semester before expulsion."

Female teacher, T12

“Especially for famous schools, they don’t want it to ruin their reputations and affect their teachers’ credibility. People might think that the teachers failed to do their jobs.”

Female government official, GO4

“It is the school standard. Pregnant students will affect a school’s reputation. People will talk badly about the school, and the school board might get evaluated from the Ministry. Teachers may be blamed for allowing their students to become pregnant.”

Female government official, GO6

More than half of the teachers interviewed as well as other participants cited the “contagion argument” as their reason for expulsion or suspension. There is a perception that any kind of service or accommodation provided for pregnant and parenting students “contribute to the problem by condoning immoral behavior and bringing sexual matters to the attention of other adolescents.”²⁶⁵ “People think that if we help pregnant students, we’re advocating teenage sex, and if we help student mothers, we are rewarding bad girls.”²⁶⁶ Another view from teachers is that pregnant students should accept the consequences of their wrongdoings. This is in accordance with studies in other countries. In Canada, some believe that adolescent pregnancy should be stigmatized as a deterrent to early sexual activity and welfare dependence.²⁶⁷

“The school board will decide when a pregnant student has to leave and when to return to school. When it is evident that a girl is pregnant, she must drop class because she sets a bad example for the other students. We don’t want students to look at her.”

Female teacher, T2

²⁶⁵ Weatherley, “Comprehensive Services for Pregnant and Parenting Adolescents: Historical and Political Considerations.”

²⁶⁶ McGee and Blank, *A Stitch in Time: Helping Young Mothers Complete High School*.

²⁶⁷ Kelly, “Stigma Stories Four Discourses About Teen Mothers, Welfare, and Poverty.”

“Personally, if a student is pregnant, she should not come to school. It is best if she is suspended or studies from home. If she comes, it would be in conflict with the school policies and corrupt society. I disagree [with their attending school].”

Male teacher, T4

“Pregnant students set bad examples. I’m conservative and I think these students should be suspended for two reasons: 1) other students will look at these girls; 2) and we need to maintain school policies.”

Female teacher, T5

“I’m concerned with the school’s reputation, but most importantly I’m afraid that others will copy this behavior. In the future, students will think that there is no punishment for wrongdoing. Oh you can get pregnant...personally I look at the cause more than the outcome. If previously a student performed well academically, and she became pregnant, then she should be given a second chance. If she was not classified in this group, she should be expelled.”

Male principal, T11

“It depends on her academic performance, but in reality we will expel her because she will set a bad example for other students. If we let her remain in school, other people will think that pregnant students can remain in school. Younger students came to ask me before when they saw another pregnant student walking around. It was an eye sour for them. I told them oh that girl will be leaving soon.”

Female teacher, T12

“A pregnant student should stay at home to take care of her unborn baby and not show up at school. If she comes, others will follow her behavior.”

Female teacher, T17

“Most schools are concerned about their reputations and that other students will follow suit, so they force pregnant students out to other schools. I want to give these students a chance. Other students will see the hardships pregnant students must endure; on the other hand, they might follow a similar path. When I was young, I saw my friend’s future cut short because she became pregnant; she could have gone really far but it didn’t happen.”

Female teacher, T18

Students in all public and most private schools in Thailand wear uniforms up through undergraduate level in university. Most public school uniforms are very similar, but schools can be easily recognized by the emblems or school adornments and/or the initials on student' shirt. Some participants believe in the purity of the school uniform and that it would be tarnished if worn by pregnant students.

“I cannot accept pregnant students in school uniforms. If you think I'm conservative, so be it; but I think the school uniform is modest and appropriate for adolescents. I don't want students to think adolescent pregnancy is normal. It is very burdensome for them to have to face something like this. I feel very sad when I see pregnant students.”

Female teacher, T13

“They can come to take homework back to work at home, but they must not wear the school uniform to avoid people in the community asking why pregnant students can still go to school. If they are wearing it, it is not appropriate.”

Female principal, T15

“If their abdomen is not too big, then it is okay, but it is better to have them wear a different uniform and attend a school especially for them. They might feel ashamed to wear the same uniform as regular students.”

Female government official, GO6

“After childbirth then it is okay to return to school, but pregnant students should not wear the school uniform. It is not appropriate. Most schools keep secret about pregnant students and do not keep any records.”

Public Health Technical Officer

Secondly, there is no or little consequence to male students who impregnated female students even when both students attend the same school. Policies and practices continue to discriminate against women while men are seldom held accountable for their actions. This is due to the fact that men do not bear the biological burden of pregnancy, and the long-held cultural belief is that men will naturally “play around.” In some cases, school authorities do believe men

should take more responsibility. Nonetheless, they do not enforce the same rules on male and female students.

“In reality, both male and female students should be suspended and accept responsibility. Nonetheless, male students do not take responsibility and are not impacted.”

Male teacher, T4

“Female students bear more burden than male students. Male students can continue their studies without interruption.”

Female teacher, T5

“Male students are praised as a hero. They walk around smiling happily. We ask female students if they want to be transferred to another school or to go to a shelter. By law, they can continue to study, but we will tell them that society will judge them harshly: can they handle that? More people will know about it, and they will be stared at. It will be hard for them to remain in the school environment.”

Male principal, T11

“Male students do not look bad; they can continue to study here but female students have to leave.”

Female teacher, T12

“There is little consequence for the men, both adolescents and working ages, because they don’t have to take responsibility. Boys should be taught more. Our society still accepts such behavior. Even when a man makes his girlfriend pregnant, he still goes out with another girl, and that girl doesn’t think she has done anything wrong. It is our cultural norm.”

Female teacher, T13

“Male students are often praised as a hero for making female students pregnant. It is their innate nature and they probably have learned that in the past it was normal for men to have a hundred wives.”

Female principal, T15

“Male students are more likely to continue their education because their bellies do not grow larger.”

Public Health Technical Officer

Adults continue to play an important role in limiting pregnant girls’ reproductive health options. The majority of teachers and other participants continue to be influenced by their personal and religious beliefs as well as a lack of understanding about abortion laws. Instead of offering advice for young girls, they tend to force upon pregnant girls their own thoughts and beliefs, leaving these girls little room to make a decision on their own.²⁶⁸ Participants so disapprove of abortion that most of them avoid pronouncing the word altogether.

“We are a Buddhist country; it (abortion) goes against our moral and culture.”

Male principal, T1

“Abortion is illegal...human beings should be kept if possible”

Male teacher, T4

“We do not encourage abortion because of morality and the law. We have been taught that abortion is murder. Two days ago, I was asked by a female student why she didn’t have the right to an abortion. I answered her that the unborn baby is a human being. If we killed it, we would kill a human being. It is a mix between religion and personal belief. If a person gets abortion, the ghost of the unborn baby will haunt that person as well as others who give the recommendation. It is a sin.”

Male principal, T11

“We don’t give advice on that (abortion). We had a case before where parents informed us that they wanted their child to get an abortion because she was not ready to carry out her pregnancy. We disagreed and told them that readiness can always be created. We don’t want to get involved in a lawsuit if something goes wrong.”

Female teacher, T12

²⁶⁸ “ท้องไม่พร้อม ต้องมีทางเลือก: บุคลากรปรึกษาทางเลือกกับศูนย์พึ่งได้ (OSCC) เพื่อช่วยเหลือผู้หญิงท้องไม่พร้อม.”

“Regardless of the situations, I tell my students who are pregnant not to do any harm to the unborn baby. I can’t stand this. Thailand is a Buddhist country. The unborn baby has not done anything wrong. They (pregnant students) have to bear the consequences of their actions for the rest of their lives. If I told them to get abortion, the sin would be forever with me.”

Female teacher, T13

“Buddhism...the unborn baby was created and it did nothing wrong. A woman should not destroy an unborn baby because of her own mistake. Rather, she should raise the child well and teach them not to make the same mistake as the parents did. No teachers should ever mention abortion.”

Female principal, T15

“Abortion is not the way to go. We have to do everything to prevent the loss of life.”

Female teacher, T17

“We are Buddhist. It is a sin and against my ethics. If it was caused by rape, then that is another story.”

Female teacher, T18

“The problem is personal and religious beliefs as well as culture that abortion is sin. There is no need to change the law. Instead, attitudes must be changed. Targeted groups do not know that the majority of public hospitals already offer safe abortion, and people who are qualified under the law are eligible.”

Director of the Bureau of Reproductive Health, MOPH

Many participants did not answer when asked to describe the educational rights to which children in general and pregnant adolescents in particular are entitled. Those who answered often referred to educational rights as entitled by the National Education Act. While some participants believe that pregnant girls have the right to education, they do not believe that it is equal to other children. Additionally, some participants argue that it is not just pregnant students that have rights, but so, too, do schools.

“Compulsory education means Thai students must study for nine years regardless of their pregnancy or marital status. In other countries, this is a violation of the law if children do not complete compulsory education. Here, many teachers still don’t understand and expel pregnant students. Some students get married while in seventh grade; they must continue to study in accordance to the National Education Act, but often times a school’s policies are in conflict with the law, requiring that students must be single in order to register to attend school. When a student is not single, she finds herself in a trouble.”

Male principal, T1

“Students are entitled to receive support from the government as long as they are still within the age defined. Pregnancy is an accident, but pregnant students have right to study; and maybe they might graduate after their friends. For those schools that do not allow pregnant students to continue their studies, I think it is a rights violation; but schools also have rights: their rules and regulations may not be able to accommodate these girls so they would rather choose to place the burden on other schools instead.”

Male teacher, T3

“Children are entitled to children’s rights, in terms of education that would be under the National Education Act and guidance stated by Ministry of Education. Today children have more options than in the past; education caters more to different individuals.”

Male teacher, T4

“They have rights but those rights are not equal to those of other people. Everyone has a right to education, but this does not mean that pregnant students have the right to study in the mainstream schools. If they can’t remain in mainstream schools, they can go somewhere else. The government should offer more educational options for pregnant students. Prisoners also have educational rights.”

Male principal, T11

“They (pregnant students) have equal rights as other people after childbirth...well, they already had babies.”

Female teacher, T17

“...have rights as entitled by the National Education Act to study like other students. Disabled people have equal rights, pregnant students should as well.”

Female teacher, T18

“I’m confused. By law, children have the right to study or not. It is up to them. Personally, I think pregnant students will be too embarrassed and won’t come to school.”

Female teacher, T5

“Children have the right to study, but schools also have rights not to allow them to study.”

Female government official, GO4

When participants were asked to evaluate the potential success of the new law, the Act for Prevention and Solution of the Adolescent Pregnancy Problem, an overwhelming majority raised serious doubts about the law. Those with strong opposition to it were principals and teachers: 16 out of 18 teachers and principals interviewed believe that it will be hard to implement this law. On the other hand, government officials were equally divided between the likelihood of the law working and failing. Surprisingly, some teachers and government officials stated that they have never heard of this Act before.

“Theory is in conflict with practice. In reality, I have never seen anyone allow pregnant students to come to school. Why? Because if we allow it, other students will think that it is okay to become pregnant. It is difficult to implement this law given our society, traditions, and cultural norms.”

Female teacher, T9

“It is unlikely to work in practice because for most people if a person loses a benefit, she could make a claim and take legal action, but if she becomes pregnant how could she make any claim? She should be ashamed and not say anything.”

Male principal, T10

“It depends on the Ministry (of Education) and the principals. The same rules must be applied to all schools. It is hard for this law to work because most principals are men, as I have seen from attending numerous meetings. Female principals are more likely to implement this law because they might be more understanding on this issue. Nonetheless, even if I were a principal, I would not allow it.”

Female teacher, T12

“Many schools will not agree with this law because of the school’s reputation and image. Pride will decrease if we see pregnant students standing in line with others; it is not a good sight. If we allowed this, other students will do the same (premarital sex) feeling less hesitant than in the past. It is not worth it to go forward with this: small gains but big losses.”

Female teacher, T13

“It is difficult to implement this law because society cannot accept that pregnant adolescents can attend school. They can come, but they cannot wear the school uniform. They would have to wear other outfits. Maybe in the next 10 years, people might come to accept it, but not now.”

Female principal, T15

“In Thai society, more people are against this law than those who support it. They are afraid that it (adolescent pregnancy) will increase. School policies and being Thai make it hard to accept this.”

Female teacher, T17

“The reason that this law likely will not be successful is because people don’t know about it. It lacks any serious advertisement in the media, such as television and social media. If you ask people in the public, they don’t even know about it. When schools expel pregnant students, parents just willingly accept it without question. If schools allow pregnant students to stay, parents think that the principal is merciful. If people know about it, they can claim their rights. I believe 90% of the principals would act differently.”

Female teacher, T18

“Currently, it is hard to implement because pregnant students are afraid and ashamed to attend school as they do not know what will happen to them. They still lack the knowledge and understanding that they can go to school, so they don’t go.”

Female government official, GO6

“All citizens are entitled to rights. The law does not state that if you are a drug addict or are pregnant, your rights are taken away from you. It is a rule set by people in the society. The law has not been well implemented. We have to emphasize equality and non-discriminatory practices. Even the targeted groups do not know that they have rights. We have to raise awareness so people know about their rights and the channels to complain when their rights are violated.”

Director of the Bureau of Reproductive Health, MOPH

Discussion

From the results of the individual interviews, pregnant students are clearly being denied the right to receive education based on their pregnancy status. This result is also in line with another study conducted by Tenvong in eight schools in Pathumthani Province, which found two or three pregnant students each year per school; and the schools’ solutions were to either expel or suspend the pregnant students.²⁶⁹ In this study, principals and teachers alike cited various reasons that were not only in conflict with the international human rights standard but also with the Act for Prevention and Solution of the Adolescent Pregnancy Problem. Under Article 2 of CEDAW,

²⁶⁹ สำนักงานคณะกรรมการสิทธิมนุษยชนแห่งชาติ National Human Rights Commission of Thailand, “ปัญหาเยาวชนหญิงที่ตั้งครรภ์ก่อนวัยอันควร กับมิติสิทธิมนุษยชน.”

discrimination against women in all forms is prohibited.²⁷⁰ Moreover, expulsion or suspension is also a violation of the new law, under Section 6(3) which states that pregnant students are to “receive education in a suitable and continuous manner.” Although the meaning of a “suitable” form of education for pregnant students remains debatable among principals and teachers as well as other participants in the interviews, expulsion or suspension from school would inevitably interrupt a pregnant student’s education, failing the “continuous” manner required by the law. A study found that 50% of the adolescents in the survey would opt to remain in school while pregnant if they were allowed, while 43.6% would take pregnancy leave and return to school after giving birth.²⁷¹ 93% would definitely return to school after giving birth if given the chance.²⁷² This argues against a common belief that pregnant students would be too ashamed to continue their studies even if given a second chance. Often it is the teachers and school staff that make the school environment overwhelmingly unfriendly and unwelcoming for pregnant students to continue their studies.

Attempts by authorities to conceal the number of pregnant students in school is problematic and greatly increases the difficulty in evaluating the real magnitude of the problem. Moreover, there is no records kept of the number of girls who left school due to pregnancy. Furthermore, the interviews with teachers and other participants revealed that students and parents are unaware of the full extent of their educational rights. Students think that once they become pregnant, they have no other option but to leave school unless authorities are lenient. The belief that pregnant students are unworthy of the school uniforms is a dehumanizing statement and to tell these girls to wear other uniforms is making them feel different from other

²⁷⁰ “CEDAW 29th Session 30 June to 25 July 2003.”

²⁷¹ Neamsakul, “Unintended Thai Adolescent Pregnancy: A Grounded Theory Study.”

²⁷² Suwetwethin, “พ.ร.บ. ตั้งครรภ์ กับสิทธิวัยรุ่นในสังคม - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

students. The results of the interviews also show that no clear policies regarding pregnant and parenting adolescents exists among schools; the treatment of each pregnant adolescent is on a case by case basis depending very much on the decision of the current principal and the school board. Adolescent pregnancy remains primarily a female issue with women bearing most of the burden. Results of the interviews reveal that male students are seldom held accountable when they impregnated other female students in the same school and can continue to study with little or no interruption.

When it comes to exercising their right to self-determination, when to have or not have babies, adolescent pregnant girls often have little control over their bodies as these decisions are usually made for them by adults, such as parents, teachers, physicians, and other healthcare providers. Although abortion is mostly illegal in Thailand, many adolescent girls are qualified under the law to seek an abortion. Nonetheless, teachers' and other adults' negative attitudes, personal and religious beliefs, and lack of understanding of the law continues to limit pregnant girls the right to choose what is best for them. Many adults only recommend for pregnant girls to give birth without providing them a more comprehensive list of options. This is also a violation to Section 5 of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, which stipulates that an adolescent has the right to make a decision by herself and has the right to information and knowledge as well as the right to reproductive health services. In one interview, there was a case of two sisters who were raped by their biological fathers. The older sister was raped first until she became pregnant, then the younger sister also became pregnant. The father forced the girls to take medicine to kill the fetuses, but it didn't work.

“The principal and I found out. At first, we wanted to intervene, and we went to the girls’ house; but we didn’t want the story to make the news. We were hesitant and weren’t sure what to do. We didn’t think it was our responsibility.”

Female teacher, T17

Undeniably, this is a tragic story. Both the principal and teacher knew about it and could have helped. For many Thai schools, protecting the school’s reputation remains a more important task than protecting the girls’ rights. Samaneri Shammadinna, a famous female religious figure, believes that (Buddhist) religious values have long been used to strip away rights entitled to Southeast Asian girls and women.²⁷³ When women become pregnant, men, society, and those around them pressure them to have babies using “sin” as their main arguments; these girls would have chosen otherwise had they known other options were available to them.²⁷⁴

Given the scope of this study, it might be too early to state categorically the level of participants’ understanding about educational rights. Nonetheless, the responses at least hint at a serious lack of understanding of basic human rights. Participants seem to have mixed responses about the status and rights entitled to adolescent mothers. Some strongly believe that adolescent mothers have unequal rights when compared to others due to their pregnancy status, while others point out that the school also has right to allow or not allow pregnant girls to study. Since all human beings are equal, adolescent mothers’ rights should not be restricted simply because of their pregnancy. While it may be premature to analyze the effectiveness of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, based on the initial responses of participants in this study, principals and teachers alike seem to think that this law will be difficult to implement fully. Parnutaecha, Director of the Thai Health organization, suggests that the law

²⁷³ “Abortion: A Buddhist Perspective” ทำเนียบ :เสียงจากนักบวชหญิงในพุทธศาสนา.”

²⁷⁴ Ibid.

should not only aim to reduce the number of adolescent pregnancies but also aim to enable adolescent mothers to obtain the rights to which they are entitled as well as create a supportive system so that these girls can be reintegrated back into society.²⁷⁵

Limitation

This research attempts to shine a light on the violation of the educational rights of pregnant and parenting adolescents in Thailand by examining key policies and analyzing in-person interviews with various stakeholders. This study is limited to the opinions of a group of principals, teachers, government officials, and NGOs workers. The researcher did not seek to establish first-hand experience and seek opinions from adolescent mothers due to the opinion of the Internal Review Board (IRB) of Columbia University, who were concerned about the potential risk to adolescent mothers. Therefore, the voices of adolescent mothers presented in this study came primarily from secondary sources. Future studies should include more stakeholders, such as adolescent mothers, other students, parents, and community members to give greater voice to those also involved in dealing with the problem of adolescent pregnancy in Thailand. Methods of research should include more comprehensive techniques to record and document the analysis and other methods as necessary. The study was further limited to Bangkok and its vicinity areas for practical reasons and may not be fully representative of the country as a whole. Keeping these limitations in mind, additional studies are needed to understand more completely the problem of adolescent pregnancy and to develop more appropriate preventions as well as protection interventions aimed at addressing the educational and other rights of adolescent mothers and their babies already outlined in this study.

²⁷⁵ “พ.ร.บ.แม่วัยรุ่น 2559 ‘สิทธิเด็กต้อง?’”

SECTION 4

POLICIES AND PROGRAMS FOR PREGNANT AND PARENTING ADOLESCENTS

This section offers policy recommendations based on an analysis of successful policies and programs designed to prevent adolescent pregnancy and to protect adolescent mothers and their children that have been implemented in other countries.

Due to the complex nature of adolescent pregnancy, all relevant stakeholders need to be involved to enforce and implement existing and future legislative actions to ensure that the rights of adolescent girls and their babies are realized. Related parties include not only the government, but also the private sector, NGOs, the media, community members, parents and adolescents themselves. The issue of adolescent pregnancy should be approached from two angles: 1) prevention and 2) protection/rehabilitation. Multiple policies and programs should be implemented concurrently to reach the maximum potential.

Although there are many factors contributing to the rising number of adolescent pregnancy, two major issues have been cited: the lack of access to reliable reproductive health and contraceptive information concomitantly with increased sexual violent crimes committed against adolescent girls and children. The rights to reproductive health information and to live with dignity are fundamental human rights. Thus, the government has an obligation to provide such information for its citizens as well as holding sexual perpetrators accountable for their crimes.

Prevention Policies

1. Eliminate fragmentation at the policy level and alleviate implementation bottlenecks from central to local governments by creating a clear and comprehensive policy focused on protecting the rights of all adolescents and children. Currently, various policies on children's rights are assigned to different agencies in the Ministries and numerous committees established under different Acts. This fragmentation makes it difficult to enforce and implement policies as well as to monitor and evaluate any improvements. Since the majority of children's rights-related issues are assigned to the Ministry of Social Development and Human Security (MSDHS), a special unit could be appointed to serve as the focal point and take the lead to monitor and evaluate the implementation of activities on child rights across all relevant ministries. For example, this special unit in MSDHS could hold regular coordinating meetings with representatives from Ministry of Education and Ministry of Public Health to discuss policy developments and measures to be taken to improve ongoing programs.
2. Set up a funding scheme that would provide grants to organizations with successful adolescent pregnancy prevention programs so that such programs could be replicated, expanded, and developed further to better assist in solving this problem. Equally important, the government must draw up medium and long-term plans with clearly stated target reduction goals coupled with a specific timeline. This would turn abstract numbers into more concrete goals, which in turn would help the government mobilize and direct financial aid and human resources to reduce adolescent pregnancy. The US government funds successful programs through the Teen Pregnancy Prevention Program (TPPP), which provides grants to a wide range of agencies and organizations in the US to support the implementation of evidence-based teen pregnancy prevention programs as well as the

development and evaluation of new and innovative approaches; so far, it has funded replications of over 23 program models.²⁷⁶ By doing so, the government welcomes successful innovative ideas to be created by people from a variety of public and private sectors. This strategy helps unleash potential solutions more quickly and effectively than if the government was to rely solely on its own manpower. The “Teenage Pregnancy Strategy (TPS),” a 10-year program adopted by the Labour government in the UK is another great example of a clear strategy that led to success.²⁷⁷ In 1998, England had one of the highest adolescent pregnancy rates in Western Europe (47 per 1,000 births), but in 2016, the Office for National Statistics released data revealing the fall in the conception rate among females aged 15 to 19 to 14.5 per 1,000 births, a major success story in the public health field.²⁷⁸ The strategy was such a huge success that it resulted in a 51% decline in adolescent conceptions over a 16-year period, and according to WHO, very few other programs worldwide have experienced such success.²⁷⁹ The main key was a government commitment coupled with strong coordination between relevant agencies and sufficient time to effect change.²⁸⁰ Although the program costs to prevent early pregnancy may seem expensive at first glance, when compared to the cost of child support for an adolescent mother and her child the cost is less than one-fourth.²⁸¹

3. Create a comprehensive sex education curriculum by improving the quality of existing programs and ensure that the curriculum is taught in all secondary schools nationwide. A major part of the success in the reduction of adolescent pregnancy and abortion rates in

²⁷⁶ Parkway and Rockville, “The Office of Adolescent Health, U.S. Department of Health and Human Services.”

²⁷⁷ Weale, “England’s Teenage Pregnancy Strategy to Become Global Blueprint.”

²⁷⁸ Hill, “How the UK Halved Its Teenage Pregnancy Rate.”

²⁷⁹ Weale, “England’s Teenage Pregnancy Strategy to Become Global Blueprint.”

²⁸⁰ Ibid.

²⁸¹ “Teenage Pregnancies Hit Record Low, Reflecting Efforts of England’s Strategy to Reduce under-18 Conceptions.”

the Netherlands is the sex education that has largely been integrated into general health education programs and has been taught in almost all secondary schools and more than 50% of primary schools; the topics address sexuality and contraception.²⁸² A 2007 review of 80 different studies that measured the impact of comprehensive sex and HIV education programs has shown positive effects of sex education in reducing risky behaviors of young people throughout the world.²⁸³ Such programs have been shown to delay sexual debut, reduce frequency of sex and number of partners, increase condom or contraceptive use, or reduce sexual risk-taking.²⁸⁴ Moreover, none of the programs appear to have hastened the initiation of sex or increased the frequency of sex among young people.²⁸⁵ By contrast, programs that exclusively promote abstinence outside of marriage have been proven ineffective at stopping or delaying sex beyond one year.²⁸⁶

3.1 Topics in the Thai sex education should include life skills, sexuality, and contraceptive education. Life skills consists of activities that help students build decision-making skills, set goals, learn how to say “no” to sex and to negotiate within relationships; these skills are increasingly being recognized as a critical component to the success of many pregnancy prevention programs.²⁸⁷ Sexuality education covers a variety of sexuality-related issues. The biological development of a human body and the reproductive physiology are often included in the current curriculum, but the development of healthy sexual attitudes and values for adolescents remain missing. It is important to

²⁸² Ketting and Visser, “Contraception in the Netherlands: The Low Abortion Rate Explained.”

²⁸³ “SIECUS - Fact Sheet.”

²⁸⁴ “International Technical Guidance on Sexuality Education.”

²⁸⁵ Visser and Bilsen, “Effectiveness of Sex Education Provided to Adolescents.”

²⁸⁶ “International Technical Guidance on Sexuality Education.”

²⁸⁷ “Understanding the Impact of Effective Teenage Pregnancy Prevention Programs.”

include the role of boys in preventing unwanted pregnancy by teaching them about the proper use of contraceptives and how to be sexually responsible if they were going to be sexually active. The concept of “respect” and “responsibility” must be integrated into the lesson. By including boys in the discussion, it will make them more aware of their actions and may allow them to share equally with girls the burden associated with such actions. Furthermore, contraceptive education should discuss various methods of contraception, the effectiveness of each method in preventing pregnancy or STIs as well as where adolescents can obtain contraceptives. 90% of students who had received contraceptive education used an effective contraception method.²⁸⁸ A program called Postponing Sexual Involvement and other programs that include the aforementioned components as part of the program were reviewed and demonstrated that they can reduce the rate of adolescent sexual initiation by as much as 15% during the year or two following participation.²⁸⁹ This effect appears to be greatest when programs target younger adolescents.²⁹⁰ The review also suggests that widespread implementation of similar programs may increase the percentage of sexually active adolescents who consistently use contraceptives by 22%.²⁹¹ Despite many benefits of the school-based programs, only adolescents in the school system have access to these programs, leaving behind those outside the system.

²⁸⁸ Visser and Bilsen, “Effectiveness of Sex Education Provided to Adolescents.”

²⁸⁹ “Understanding the Impact of Effective Teenage Pregnancy Prevention Programs.”

²⁹⁰ Ibid.

²⁹¹ Ibid.

3.2 For a more effective and improved delivery of sex education, teacher-targeted training and mentoring is also a prerequisite. Currently, Thai teachers are not confident enough to teach students about sexual matters because they are not properly trained. By providing training to the teachers, they are more likely to be able to teach and discuss sexual issues with students that are beyond the scope contained in the textbooks.

3.3 Establish a friendly health clinic at school where students can receive counseling on reproductive health and sexual related issues. A combination of sex education and a clinic at school has been proven to be effective in significantly increase the contraception used among adolescents.²⁹² Engage students and people in the community with the pregnancy prevention programs may help increase the success of these programs. In one study, a student concluded that pregnancy rates declined if people in the community were involved in the educational program.²⁹³ The “Udon Model,” a program piloted in Udon Thani Province in Thailand, can be used as an example for other pregnancy prevention programs nationwide. During the three years, from 2013 to 2015, the adolescent birth rate declined by 43% in the area of the program implementation.²⁹⁴ Its success has been attributable to the involvement of children, adolescents, and adults in the community at each step of the program design.²⁹⁵ A volunteer youth group comprised of students in the area come together to educate others in the community on sexuality and

²⁹² Visser and Bilsen, “Effectiveness of Sex Education Provided to Adolescents.”

²⁹³ Ibid.

²⁹⁴ Sopontammarak, “คูคูครฯ ค้นแบบรณรงค์ลดท้องในวัยโจ๋ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

²⁹⁵ Ibid.

reproductive health by giving lectures to students and parents at schools and nearby locations.²⁹⁶ Each week, these adolescent volunteers would receive training from doctors and nurses at the local hospitals on sexuality and contraception.²⁹⁷

3.4 Increase parent's involvement and participation in delivering sex education both at schools and at homes. The collaboration between parents and teachers in teaching sex education to adolescents is widely supported by the majority of teachers and government officials in the interviews as a vital solution to adolescent pregnancy prevention because they think that students spend more time at home than at school and that limiting discussions about sex to schools likely will not yield the best outcome. Many studies and surveys point out the importance of parental roles and their influence on children's sexual behaviors. Nine out of ten adolescents in a survey conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy say that it would be much easier for them to postpone sex and avoid pregnancy if they were able to have more open, honest conversations about these topics with their parents.²⁹⁸ More than half of adolescents surveyed say parents have the most influence on them about sex but that parental influence declines as young people grow older.²⁹⁹ Based on responses from female high school and college students, researchers found that watching sex-related television content concomitantly with appropriate advice from parents lead female adolescents to practice safe

²⁹⁶ Ibid.

²⁹⁷ Ibid.

²⁹⁸ "Survey Says."

²⁹⁹ "Survey Says."

sex more than those who watched the same program without parental advice.³⁰⁰ Often the hardest part for parents to talk about sex with their children is when and how to start the conversation. Nonetheless, television shows can help them talk with their children about love and sex: 61% of adolescents surveyed state that parents talked to them about love, relationships, and sex when they watched the same program on television.³⁰¹ For example, parents could use the controversial “*Hormones the series*,” which portrays adolescents’ dating and having sexual relationships, as a tool to educate their children on safe sex practices. In one episode, the female lead character who is sexually active refused to have sex with her partner when he did not wear a condom.

3.5 The government should continue to work closely with organizations like the United Nations Population Fund (UNFPA) to promote adolescent reproductive health. Importantly, they should regularly assess the effectiveness of the peer-education programs that support a web-based forum to promote knowledge exchange and solutions among youth sexual health and reproductive advocacy groups.³⁰² They should also continue the efforts to enhance linkage between STI/HIV services with sexual reproductive health in conjunction with the involvement of students in decision making process to expand right-based policies to promote healthy adolescent behavior and development.

³⁰⁰ Panyapayatjati, “แม่วัยรุ่น ถึงฮอร์โมนฯ บทเรียนสื่อเช็ควัยใส - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส).”

³⁰¹ “Survey Says.”

³⁰² “UNFPA Thailand -- UNFPA in Thailand.”

4. Ensure that friendly and confidential family planning services are provided to adolescents and youths with a low barrier of access to effective methods of contraception. While the Youth Friendly Health Service (YFHS), which supports 834 hospitals across Thailand with programs in place for youth to consult with doctors, nurses and counselors regarding a variety of welfare questions, including reproductive health issues and contraceptive uses, it fails to address the issue of adolescent pregnancy.³⁰³ Health professionals' negative attitudes against adolescent sexuality continue to turn away adolescents from walking into the clinics. In a more friendly and supportive environment, adolescents would feel more welcomed to seek reproductive health and contraceptive advice from these professionals, instead of solely relying on information from their friends. In the Netherlands, the general practitioner takes an active role and feels obligated to help prevent unwanted pregnancies by providing family planning services from someone they know and trust.³⁰⁴ The Dutch government includes contraceptive pills and diaphragms as part of its national public health insurance, meaning people can have access to these contraceptive methods free of charge.³⁰⁵
5. Launch national educational campaigns through different media channels to raise awareness among the youth population about sexuality and the importance of safe sex practices, including abstinence and using contraceptives. This platform would reach larger audiences, particularly those who are not in the school system. While the question of the influence of the media on adolescent pregnancy continues to be hotly debated, the media certainly plays an important role in shaping behaviors of adolescents and young people. More than one-half of high school boys and girls indicated they

³⁰³ *Teenage Pregnancy in Thailand* สถานการณ์การตั้งครรภ์ในวัยรุ่น.

³⁰⁴ Ketting and Visser, "Contraception in the Netherlands: The Low Abortion Rate Explained."

³⁰⁵ Ibid.

learned about birth control and pregnancy prevention from television programs.³⁰⁶ The result of a national longitudinal study of youth reported in *Pediatrics* in 2008 pointed out that adolescents who watch a great deal of sexual content on TV are twice as likely to become (or get someone else) pregnant before age 20 as when compared to those who watch very little sexually explicit content on TV.³⁰⁷ Short video clips depicting stories of how adolescents failing to use contraceptives could result in an unwanted pregnancy and how pregnancy could make it difficult for girls and boys to achieve their dreams might be both informative and efficacious. Through various media clips, common sex myths should be invalidated and factual information fully and properly explained. For example, it is a myth that a girl cannot get pregnant from her first sexual intercourse. With effective framing and communication techniques, these videos could serve as a powerful tool to divert adolescents from risky behaviors or at least make them think twice before engaging in sex. Since the media can influence young people's sexual choices both positively and negatively, it should use this space to educate and influence young people in a positive way.

³⁰⁶ "Parents, Peers, and Pressures: Identifying the Influences on Responsible Sexual Decision-Making."

³⁰⁷ Silvers, "Does Media Affect Teen Pregnancy?"

Protection Policies

The majority of programs available to pregnant and parenting adolescents aim at prevention with relatively few providing support and protection to adolescent mothers and their babies. Nonetheless, ensuring that adolescent mothers' and their children's rights are protected is very important as they represent a significant population.

1. Fully enforce and implement the Act for Prevention and Solution of the Adolescent Pregnancy Problem as well as other laws in place to protect the rights of adolescents by holding those who violate the law accountable for their actions and be punished appropriately. This means the government must ensure that all children are entitled to education without discrimination based on their pregnancy status. A clear list of guidelines on how to implement policies regarding pregnant and parenting adolescents must be established and distributed to all schools so principals and teachers can apply the same consistent rule across the board. More importantly, the government must cooperate with the media to advertise and make the public, particularly adolescents and their parents, aware of this new law as well as the mechanisms to report violations when school authorities refuse to follow the law.
2. Launch national campaigns through different media channels to make the public more aware of and compassionate toward adolescent mothers. The objective of the campaign is for Thai people, especially the more conservative ones, to be less judgmental and stereotypical toward adolescent mothers, so they and their children have a chance to reintegrate into society. Their stories may help some girls not to make similar mistakes. One possibility is to use social media, such as Facebook, as a platform to gain the public attention. Even though the internet penetration rate in Thailand is about

43% (2016)³⁰⁸, the growth in the use of smartphones is soaring. The mobile phone penetration rate is 120%, and half of those mobile phones users are using social media applications³⁰⁹, allowing key messages potentially to reach large audiences quickly. Even those without smartphones strongly desire to own one, which is reflected in the rapidly flourishing smartphone market in Thailand. A survey conducted by Zocial Inc, a Thai company which closely monitors social media trends, reported that the most popular social platforms among Thais is Facebook with over 28 million users and is currently growing 53% faster than last year, making Thailand Facebook's ninth largest country worldwide.³¹⁰ YouTube also sees significant growth in Thailand. The aforementioned data coupled with a report by Google shows that Thai people are now spending more time online (half of the time spent online was via mobile phones) than they do watching television (16 hours per week compared to 10 hours),³¹¹ confirms that a campaign launched through this medium could reach a great percentage of the population. Undeniably, changing long-held beliefs and cultural values is very difficult and may take years; but frequent exposure to these campaigns will have the power to raise awareness and help people realize the importance of this issue. Gradually, the negative perceptions toward adolescent mothers can be changed.

3. Ensure that pregnant and parenting girls can remain in school in accordance with the law and the human rights treaties as well as create more schooling options for them. Krongkrungratchadapisek School in Chantaburi Province is a great example of a model school where pregnant students can continue to study with their peers; the supportive

³⁰⁸ "Internet Users by Country (2016) - Internet Live Stats."

³⁰⁹ Huang, "Internet Penetration."

³¹⁰ Sakawee, "Thailand Social Media Stats."

³¹¹ Watts, "Thailand Is Buying Record Numbers of Smartphones, but It's Facebook That People Really Want."

system in the school has helped seven adolescent mothers to graduate with a high school diploma.³¹² The system was established when a few girls became pregnant at the school. A teacher persuaded the principal and the school board to let them continue their studies. The teacher then talked to parents and other students to make them understand the circumstances and become supportive of the pregnant girls. A pregnant student chooses her counselor, who is someone she is close to and trusts. She is given several schooling options that most fit her need. For example, she can choose the day(s) and time to come to class and take exams. She can temporarily drop her studies during her pregnancy and return after childbirth or she can work from home and come to school to submit her work when done. Although a pregnant student is allowed a more flexible schedule than regular students, she must adhere to the same graduation standards set by the Ministry of Education as with all students. The teacher who first proposed and supports this approach was initially faced with opposition, but she persuaded the people in the community to be more understanding. Contrary to popular belief, such a system did not encourage other students to become pregnant from seeing their pregnant classmates, they witnessed first-hand the difficulties and hardship pregnant girls have to face. Alternative school options are not meant to segregate these girls, but to give them more options if they are unable to bear the burden of harassment and bullying in regular schools. Additionally, adolescent mothers are each other's best support system because they undergo similar experiences.

4. Revise the methodology and components of Thailand's secondary school ranking system to eliminate the inclusion of pregnancy statistics. Protecting school reputation seems to remain paramount among teacher and school administrators. Given that pregnancy

³¹² Sopontammarak, “คู่มือหลักสูตรใหม่ ช่วยเด็กท้องไม่พร้อมเรียนต่อได้ - Thaihealth.or.th | สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.).”

statistics appeared to flawed anyway, the number of reported pregnant students should not be used to determine a school's rank. This alone might foster a more accepting and accommodating environment for pregnant and parenting students.

5. Provide affordable childcare services, improve the quality of existing assistance programs, and create additional supportive services available to adolescent mothers to help them stay in school and receive necessary skills needed for the job market. Although the Ministry of Public Health offers daycare services, the fees are simply unaffordable for many mothers still in school.³¹³ Most adolescent mothers opt to take care of their own babies at home, leading them to quit school and abandon their studies. If affordable childcare services were available at school or in the vicinity, it would increase the chance of adolescent mothers finishing school. Government-funded shelters are inadequately staffed and have insufficient resources to provide the support services that are needed. Additional programs which offer life skills, parenting skills, and job-training would help adolescent mothers and their children in the long run. For instance, a 20 year follow-up of a cohort of women who were pregnant adolescents and participated in the Young Mothers Programs (YMP), a program that heavily integrates life skills courses, showed subsequently that 71% had finished high school or received a graduate equivalency diploma; 82% were completely self-supporting.³¹⁴ Women who participated more extensively in the life skills group sessions were 5 to 11 times as likely to experience long-term success as those who did not.³¹⁵ Another comprehensive program, Project Redirection, includes employment-related services in a supportive environment that aims to enhance adolescent mothers' self-esteem has also shown long-term positive

³¹³ “‘แม่วัยรุ่น’ ระเบิดเวลาสังคม จีรัฐผุคตุนยี้เด็กแรกเกิดช่วยเขียวยยา | เคลินิวส์.”

³¹⁴ Horwitz et al., “School-Age Mothers: Predictors of Long-Term Educational and Economic Outcomes.”

³¹⁵ Ibid.

effects. A 5-year follow-up of adolescent mothers enrolled in Project Redirection showed that, when compared with socio-demographically similar non-participants, study mothers had better employment records, higher earnings, less welfare dependency, better parenting scores, and were more likely to have breast-fed and to have registered their children in Head Start.³¹⁶ Their children also were better off than those in the comparison group in terms of cognitive, social, physical and emotional development.³¹⁷ Although there are limitations to the results of the studies, it suggests that short-term spending has the potential to produce long-term benefits including positive educational and economic outcomes for adolescent mothers and their children.

Conclusion

In the distant past when Thailand was primarily an agricultural society and relied heavily on manual labor to perform farm work, giving birth young to many children was considered normal and indeed necessary. With rapid globalization and the changing context of Thai society, education is more important than ever for children in order to be equipped with the necessary knowledge and skills that will help them in the competitive employment market and adapting to a modern and ever changing lifestyle. Adolescent pregnancy was not just a phenomenon of the past, but it is a problem of today and of the future. While the ratification of the Act for Prevention and Solution of the Adolescent Pregnancy Problem is a crucial first step to ensure pregnant and parenting adolescent girls realize their rights, more effort is needed to ensure its success. Nonetheless, meaningful attitude changes in Thai society are essential. Otherwise, it will be hard to see any positive changes no matter how many laws are passed. In the 1960s, the Netherlands was one of the most traditional societies in Western Europe and sex was considered

³¹⁶ Polit, "Effects of a Comprehensive Program for Teenage Parents: Five Years After ProjectRedirection."

³¹⁷ Ibid.

a taboo topic; its birth rate was one of the highest in Western Europe.³¹⁸ With collaborative effort from the Dutch government and all relevant sectors, attitudes toward sex gradually changed; even as adolescent girls have increasingly become more sexually active, the rate of adolescent pregnancy has declined steadily.³¹⁹ Thailand, too, can accomplish similar achievements if the government and other key stakeholders finally realize the importance of this issue and work together toward this one common goal – to prevent unintended adolescent pregnancy and to protect the rights to which *khun mae wai sai* and their children are entitled.

³¹⁸ Ketting and Visser, “Contraception in the Netherlands: The Low Abortion Rate Explained.”

³¹⁹ Ibid.

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APPENDICES

Appendix A

Criminal Code, Title IX Offences relating to sexuality (English and Thai versions)

“Section 276. If a person rapes another against their will or threatens by any means whatsoever, or commits any act of violence where that person is unable to resist or causes that person to mistake them for another person must be incarcerated for between four and twenty years and fined 8,000 to 40,000 Baht.

Rape and referenced in paragraph one [above] means the sexual gratification by the offender by any action on the genitals, anus or mouth on another person or using any object on the genitals, anus or mother of another person.”

มาตรา 276 ผู้ใดข่มขืนกระทำชำเราผู้อื่นโดยขู่เข็ญด้วยประการใด ๆ โดยใช้กำลังประทุษร้ายโดยผู้อื่นนั้นอยู่ในภาวะที่ไม่สามารถขัดขืนได้ หรือโดยทำให้ผู้อื่นนั้นเข้าใจผิดว่าตนเป็นบุคคลอื่น ต้องระวางโทษจำคุกตั้งแต่สี่ปีถึงยี่สิบปี และปรับตั้งแต่แปดพันบาทถึงสี่หมื่นบาท

การกระทำชำเราตามวรรคหนึ่ง หมายความว่า การกระทำเพื่อสนองความใคร่ของผู้กระทำโดย การใช้อวัยวะเพศของผู้กระทำกระทำกับอวัยวะเพศ ทวารหนัก หรือช่องปากของผู้อื่น หรือการใช้สิ่งอื่นใดกระทำกับอวัยวะเพศหรือทวารหนักของผู้อื่น

ถ้าการกระทำความผิดตามวรรคหนึ่งได้กระทำโดยมีหรือใช้อาวุธปืนหรือวัตถุระเบิด หรือโดยร่วมกระทำความผิดด้วยกันอันมีลักษณะเป็นการโหมหนุ่ย หรือกระทำกับชายในลักษณะเดียวกันต้องระวางโทษจำคุกตั้งแต่สิบห้าปีถึงยี่สิบปี และปรับตั้งแต่สามหมื่นบาทถึงสี่หมื่นบาท หรือจำคุกตลอดชีวิต

ถ้าการกระทำความผิดตามวรรคหนึ่งเป็นการกระทำความผิดระหว่างคู่สมรสและคู่สมรสนั้น ยังประสงค์จะอยู่กินด้วยกันฉันสามีภริยา ศาลจะลงโทษน้อยกว่าที่กฎหมายกำหนดไว้เพียงใดก็ได้ หรือจะกำหนดเงื่อนไขเพื่อคุ้มครองความปลอดภัยแก่การลงโทษก็ได้ ในกรณีที่ศาลมีคำพิพากษาให้ลงโทษจำคุก และคู่สมรสฝ่ายใดฝ่ายหนึ่งไม่ประสงค์จะอยู่กินด้วยกันฉันสามีภริยาต่อไป และประสงค์จะหย่า ให้คู่สมรสฝ่ายนั้นแจ้งให้ศาลทราบ และให้ศาลแจ้งพนักงานอัยการให้ดำเนินการฟ้องหย่าให้

“Section 277. Whoever has sexual intercourse with a girl not yet over fifteen years of age and not being his own wife, whether such girl shall consent or not, shall be punished with imprisonment of between four to twenty years and fined of eight thousand to forty thousand Baht.

If the commission of the offense according to the first paragraph is committed against a girl not yet over thirteen years of age, the offender shall be punished with imprisonment of seven to twenty years and fined of fourteen thousand to forty thousand Baht, or imprisonment for life.

If commission of the offense according to the first or second paragraph is committed by participation of persons in the nature for destroying a girl and such girl is not consent, or by carrying the gun or explosive, or by using the arms, the offender shall be punished with imprisonment for life.

The offense as provided in the first paragraph, if the offender being the man commits against the girl over thirteen years but not yet over fifteen years of age with her consent and the Court grants such man and girl to marry together afterward, the offender shall not be punished for such offense. If the Court grants them to marry together during the offender be still inflicted with the punishment, the Court shall release such offender.”

มาตรา 277 ผู้ใดกระทำความผิดที่บัญญัติไว้โดยความผิดที่บัญญัติไว้ไม่เกินสิบห้าปีซึ่งมิใช่ภริยาหรือสามีของตน โดยเด็กนั้นจะยินยอมหรือไม่ก็ตาม ต้องระวางโทษจำคุกตั้งแต่สี่ปีถึงยี่สิบปี และปรับตั้งแต่แปดพันบาทถึงสี่หมื่นบาท

การกระทำความผิดตามวรรคหนึ่ง หมายความว่ากระทำความผิดเพื่อสนองความใคร่ของผู้กระทำ โดยการใช้อวัยวะเพศของผู้กระทำกระทำความผิดกับอวัยวะเพศ ทวารหนัก หรือช่องปากของผู้อื่น หรือการใช้สิ่งอื่นใดกระทำความผิดกับอวัยวะเพศหรือทวารหนักของผู้อื่น

ถ้าการกระทำความผิดตามวรรคหนึ่งเป็นการกระทำความผิดแก่เด็กอายุยังไม่เกินสิบสามปี ต้องระวางโทษจำคุกตั้งแต่เจ็ดปีถึงยี่สิบปี และปรับตั้งแต่หนึ่งหมื่นสี่พันบาทถึงสี่หมื่นบาท หรือจำคุกตลอดชีวิต

ถ้าการกระทำความผิดตามวรรคหนึ่งหรือวรรคสามได้กระทำความผิดด้วยกัน อันมีลักษณะเป็นการโทรมเด็กหญิงหรือกระทำความผิดกับเด็กชายในลักษณะเดียวกันและเด็กนั้นไม่ยินยอม หรือได้กระทำความผิดโดยมีอาวุธปืนหรือวัตถุระเบิด หรือโดยใช้อาวุธ ต้องระวางโทษจำคุกตลอดชีวิต

ความผิดตามที่บัญญัติไว้ในวรรคหนึ่ง ถ้าเป็นการกระทำความผิดโดยบุคคลอายุไม่เกินสิบแปดปีกระทำความผิดต่อเด็กซึ่งมีอายุไม่เกินสิบสามปี แต่ยังไม่เกินสิบห้าปี โดยเด็กนั้นยินยอม และภายหลังศาลอนุญาตให้ทั้งสองฝ่ายสมรสกัน ผู้กระทำผิดไม่ต้องรับโทษ ถ้าศาลอนุญาตให้สมรสในระหว่างที่ผู้กระทำผิดกำลังรับโทษในความผิดนั้นอยู่ ให้ศาลปล่อยผู้กระทำความผิดนั้นไป

“Section 278. Whoever, committing an indecent act to the person out of fifteen years of age by threatening with any means, by doing any act of violence, by taking advantage of that person to be in the condition of inability to resist, or by causing that person to mistake him for the other person, shall be imprisoned not out of ten years or fined not out of twenty thousand Baht, or both.”

มาตรา 278 ผู้ใดกระทำอนาจารแก่บุคคลอายุกว่าสิบห้าปีโดย ชูเชิญด้วยประการใด ๆ โดยใช้กำลังประทุษร้าย โดยบุคคลนั้นอยู่ในภาวะที่ไม่สามารถขัดขืนได้ หรือโดยทำให้บุคคลนั้นเข้าใจผิดว่า ตนเป็นบุคคลอื่น ต้องระวางโทษจำคุกไม่เกินสิบปี หรือปรับไม่เกิน สองหมื่นบาท หรือทั้งจำทั้งปรับ

“Section 279. Whoever, commits an indecent act on a child not yet over fifteen years of age, whether such child consent or not, shall be punished with imprisonment not exceeding ten years or fined not exceeding twenty thousand Baht, or both.

If the commission of the offense according to the first paragraph, the offender commits it by threatening by any means whatever, by doing any act of violence, by taking advantage of such child being in the condition of inability to resist, or by causing such child to mistake him for another person, the offender shall be punished with imprisonment not exceeding fifteen years or fined not exceeding thirty thousand Baht, or both.”

มาตรา 279 ผู้ใดกระทำอนาจารแก่เด็กอายุยังไม่เกินสิบห้าปี โดยเด็กนั้นจะยินยอมหรือไม่ก็ตาม ต้องระวางโทษจำคุกไม่เกินสิบปี หรือปรับไม่เกินสองหมื่นบาท หรือทั้งจำทั้งปรับ

ถ้าการกระทำความผิดตามวรรคแรก ผู้กระทำได้กระทำโดย ชูเชิญด้วยประการใดๆ โดยใช้กำลังประทุษร้าย โดยเด็กนั้นอยู่ใน ภาวะที่ไม่สามารถขัดขืนได้ หรือโดยทำให้เด็กนั้นเข้าใจผิดว่าตน เป็นบุคคลอื่น ต้องระวางโทษจำคุกไม่เกินสิบห้าปี หรือปรับไม่เกิน สามหมื่นบาท หรือทั้งจำทั้งปรับ

“Section 280. If the commission of offence according to the Section 278 or Section 279 causes:

(1) Grievous bodily harm to the victim, the offender shall be punished with imprisonment of five years to twenty years and fined of ten thousand Baht;

(2) Death to the victim, the offender shall be punished with death or imprisonment for life.”

มาตรา 280 ถ้าการกระทำความผิดตาม มาตรา 278 หรือ มาตรา 279 เป็นเหตุให้ผู้ถูกระทำ

(1) รับอันตรายสาหัส ผู้กระทำต้องระวางโทษจำคุกตั้งแต่ห้าปี ถึงยี่สิบปีและปรับตั้งแต่หนึ่งหมื่นบาทถึงสี่หมื่นบาท

(2) ถึงแก่ความตาย ผู้กระทำต้องระวางโทษประหารชีวิตหรือจำคุกตลอดชีวิต

“Section 281. The commission of offence according to the paragraph 1 of Section 276 and Section 278, if not to occur in the public, not to cause the grievous bodily harm or death to the victim, not commit against the person as specified in this Section, it shall be the compoundable offence.”

มาตรา 281 การกระทำความผิดตาม มาตรา 276 วรรคแรก และ มาตรา 278 นั้น ถ้ามิได้เกิดต่อหน้าธารกำนัล ไม่เป็นเหตุให้ผู้ถูกกระทำรับอันตรายสาหัสหรือถึงแก่ความตาย หรือมิได้เป็นการกระทำแก่บุคคลดังระบุไว้ใน มาตรา 285 เป็นความผิดอันยอมความได้

“Section 282. Whoever, in order to gratify the sexual desire of another person, procures, seduces or take away for indecent act the man or woman with his or her consent, shall be punished with imprisonment of one to ten years and fined of two thousand to twenty thousand Baht.

If the commission of the offence according to the first paragraph is occurred to the person over fifteen years but not yet over eighteen years of age, the offender shall be punished with imprisonment of three to fifteen years and fined of six thousand to thirty thousand Baht.

If the commission of the offence according to the first paragraph is occurred to the child not yet over fifteen years of age, the offender shall be punished with imprisonment of five to twenty years and fined of ten thousand to forty thousand Baht.

Whoever, in order to gratify the sexual desire of another person, obtains the person who is procured, seduced or taken away according to the first, second or third paragraph or supports in such commission of offence, shall be liable to the punishment as provided in the first, second or third paragraph, as the case may be.”

มาตรา 282 ผู้ใดเพื่อสนองความใคร่ของผู้อื่น เป็นธุระจัดหา ล่อไป หรือพาไปเพื่อการอนาจารซึ่งชายหรือหญิง แม้ผู้นั้นจะยินยอมก็ตาม ต้องระวางโทษจำคุกตั้งแต่หนึ่งปีถึงสิบปี และปรับตั้งแต่ สองพันบาทถึงสองหมื่นบาท

ถ้าการกระทำความผิดตาม วรรคแรกเป็นการกระทำแก่บุคคล อายุเกินสิบห้าปีแต่ยังไม่เกินสิบแปดปีผู้กระทำความผิดต้องระวางโทษจำคุก ตั้งแต่สามปีถึงสิบห้าปี และปรับตั้งแต่หกพันบาทถึงสามหมื่นบาท

ถ้าการกระทำความผิดตาม วรรคแรกเป็นการกระทำแก่บุคคล อายุไม่เกินสิบห้าปีผู้กระทำความผิดต้องระวางโทษจำคุก ตั้งแต่ห้าปีถึงยี่สิบปี และปรับตั้งแต่หนึ่งหมื่นบาทถึงสี่หมื่นบาท

ผู้ใดเพื่อสนองความใคร่ของผู้อื่น รับตัวบุคคลซึ่งมีผู้จัดหา ล่อไป หรือพาไปตามวรรคแรก วรรคสองหรือวรรคสาม หรือสนับสนุนใน การกระทำความผิดดังกล่าว ต้องระวางโทษตามที่บัญญัติไว้ใน วรรคแรกวรรคสอง หรือวรรคสาม แล้วแต่กรณี

“Section 283. Whoever, in order to gratify the sexual desire of another person, procures, seduces or takes away for indecent act a man or woman by using deceitful means, threat, doing an act of violence, unjust influence or mode of coercion by any other means, shall be punished with imprisonment of five to twenty years and fined of ten thousand to forty thousand Baht.

If the commission of the offence according to the first paragraph is occurred to the person over fifteen years but not yet over eighteen years of age, the offender shall be punished with imprisonment of seven to twenty years and fined of fourteen thousand to forty thousand Baht, or imprisonment for life.

If the commission of the offence according to the first paragraph is occurred to the child not yet over fifteen years of age, the offender shall be punished with imprisonment of ten to twenty years and fined twenty thousand to forty thousand Baht, or imprisonment for life, or death.

Whoever, in order to gratify the sexual desire of another person, obtains the person who is procured, seduced or taken away according to the first, second or third paragraph, or supports in such commission of offence, shall be liable to the punishment as provided in the first, second or third paragraph, as the case may be.”

มาตรา 283 ผู้ใดเพื่อสนองความใคร่ของผู้อื่น เป็นธุระจัดหา ล่อไป หรือพาไปเพื่อการอนาจารซึ่งชายหรือหญิง โดยใช้อุบายหลอกลวง ชูเชิญ ใช้กำลังประทุษร้าย ใช้อำนาจครอบงำผิดคลองธรรม หรือใช้วิธีข่มขืนใจด้วยประการอื่นใด ต้องระวางโทษจำคุกตั้งแต่ห้าปีถึงยี่สิบปี และปรับตั้งแต่หนึ่งหมื่นบาทถึงสี่หมื่นบาท

ถ้าการกระทำความผิดตาม วรคแรกเป็นการกระทำแก่บุคคลอายุเกินสิบห้าปีแต่ยังไม่เกินสิบแปดปีผู้กระทำความผิดต้องระวางโทษจำคุก ตั้งแต่เจ็ดปีถึงยี่สิบปี และปรับตั้งแต่หนึ่งหมื่นสี่พันบาทถึงสี่หมื่นบาท หรือจำคุกตลอดชีวิต

ถ้าการกระทำความผิดตาม วรคแรกเป็นการกระทำแก่เด็กอายุไม่เกินสิบห้าปี ผู้กระทำความผิดต้องระวางโทษจำคุกตั้งแต่สิบปีถึงยี่สิบปี และปรับตั้งแต่สองหมื่นบาทถึงสี่หมื่นบาท หรือจำคุกตลอดชีวิต หรือประหารชีวิต

ผู้ใดเพื่อสนองความใคร่ของผู้อื่น รัับตัวบุคคลซึ่งมีผู้จัดหา ล่อไป หรือพาไปตามวรคแรก วรคสองหรือวรคสาม หรือสนับสนุนใน การกระทำความผิดดังกล่าว ต้องระวางโทษตามที่บัญญัติไว้ใน วรคแรกวรคสอง หรือวรคสาม แล้วแต่กรณี

“Section 283-2. Whoever, takes away the person over fifteen years but not yet over eighteen years of age for indecent act with consent of such person, shall be punished with imprisonment of not exceeding five years or fined not exceeding ten thousand Baht, or both.

If the commission of offence according to the first paragraph is occurred to the child not yet over the fifteen years of age, the offender shall be punished with imprisonment not exceeding seven years or fined not exceeding fourteen thousand Baht, or both.

Whoever conceals the person, who is taken away according to the first or second paragraph, shall be liable to punishment as provided in the first or second paragraph, as the case may be.

If the offences according to the first and third paragraph are specially occurred in the case of committing to the person exceeding the fifteen years of age, they are compoundable offences.”

มาตรา 283ทวิ ผู้ใดพาบุคคลอายุเกินสิบห้าปีแต่ยังไม่เกินสิบแปดปี ไปเพื่อการอนาจาร แม้ผู้นั้นจะยินยอมก็ตาม ต้องระวางโทษจำคุกไม่เกิน ห้าปี หรือปรับไม่เกินหนึ่งหมื่นบาท หรือ ทั้งจำทั้งปรับ

ถ้าการกระทำความผิดตาม วรคแรกเป็นการกระทำแก่เด็กอายุยังไม่ เกินสิบห้าปี ผู้กระทำความผิดต้องระวางโทษจำคุกไม่เกินเจ็ดปี หรือปรับไม่เกิน หนึ่งหมื่นสี่พันบาท หรือทั้งจำทั้งปรับ

ผู้ใดซ่อนเร้นบุคคลซึ่งถูกพา ไปตามวรรคแรกหรือวรรคสอง ต้องระวาง โทษตามที่บัญญัติในวรรคแรกหรือวรรคสอง แล้วแต่กรณี ความผิดตามวรรคแรกและ วรรคสามเฉพาะกรณีที่กระทำแก่บุคคลอายุ เกินสิบห้าปี เป็นความผิดอันยอมความได้

“Section 284. Whoever, takes away an another person for indecent act by using deceitful means, threat, doing any act of violence, unjust influence or mode of coercion by any other means, shall be punished with imprisonment of one of ten years and fined of two thousand to twenty thousand Baht.

Whoever, conceals the person who is taken away according to the first paragraph, shall be liable to the same punishment as the person who takes away.

The offence according to this Section is compoundable offence.”

มาตรา 284 ผู้ใดพาผู้อื่นไปเพื่อการอนาจาร โดยใช้อุบายหลอกลวง ชูเชิญ ใช้กำลังประทุษร้ายใช้อำนาจครอบงำ ผิดคลองธรรม หรือใช้วิธี ช่มชู้ใจด้วยประการอื่นใด ต้องระวางโทษจำคุกตั้งแต่หนึ่งปีถึงสิบปี และปรับตั้งแต่สอง พันบาทถึงสองหมื่นบาท

ผู้ใดซ่อนเร้นบุคคลซึ่ง ถูกพาไปตามวรรคแรก ต้องระวางโทษเช่น เดียวกับผู้พาไปนั้น

“ความผิดตาม มาตรานี้ เป็นความผิดอันยอมความได้”

“Section 285. If committing the offence under Section 276, Section 277-2, Section 277-3, Section 278, Section 279, Section 280, Section 282 or Section 283 to be act against the descendant, pupil under taken oneself’s care, person under oneself’s control according to oneself official authority, or person under oneself’s tutorship, guardianship or courtship, such offender shall be punished by the heavier punishment then that as prescribed in that Section by one-third.”

มาตรา 285 ถ้าการกระทำความผิดตาม มาตรา 276 มาตรา 277 มาตรา 277ทวิ มาตรา 277ตรี
มาตรา 278 มาตรา 279 มาตรา 280 มาตรา 282 หรือ มาตรา 283 เป็นการกระทำแก่ผู้สืบสันดาน ศิษย์ซึ่งอยู่ใน
ความดูแลผู้อยู่ในความควบคุม ตามหน้าที่ราชการหรือผู้อยู่ในความปกครอง ในความพิทักษ์หรือในความอนุบาล
ผู้กระทำความต้องระวางโทษหนัก กว่าที่บัญญัติไว้ใน มาตรา นั้น ๆ หนึ่งในสาม

Appendix B

Criminal Code, B.E. 2499 (1956), Title X, Chapter 3 Abortion Provisions (English and Thai versions)

“Section 301. Any woman who causes an abortion to herself or allows another person to procure an abortion for her shall be punished with imprisonment not exceeding three years or a fine not exceeding six thousand baht, or both.”

มาตรา 301 หญิงใดทำให้ตนเองแท้งลูกหรือ ยอมให้ผู้อื่นทำให้ตนแท้งลูก ต้องระวางโทษจำคุกไม่เกินสามปี หรือปรับไม่เกินหกพันบาทหรือทั้งจำทั้งปรับ

“Section 302. Whoever procures an abortion for a woman with her consent shall be punished with imprisonment not exceeding five years or a fine not exceeding ten thousand baht, or both.

If such act causes other grievous bodily harm to the woman the offender shall be punished with imprisonment not exceeding seven years or a fine not exceeding fourteen thousand baht, or both.

If such act causes death to the woman the offender shall be punished with imprisonment not exceeding ten years and a fine not exceeding twenty thousand baht.”

มาตรา 302 ผู้ใดทำให้หญิงแท้งลูกโดยหญิงนั้นยินยอมต้องระวางโทษจำคุกไม่เกินห้าปี หรือปรับไม่เกินหนึ่งหมื่นบาทหรือทั้งจำทั้งปรับ

ถ้าการกระทำนั้นเป็นเหตุให้หญิงรับอันตรายสาหัสอย่างอื่นด้วย ผู้กระทำความผิดต้องระวางโทษจำคุกไม่เกินเจ็ดปี หรือปรับไม่เกินหนึ่งหมื่นสี่พันบาท หรือทั้งจำทั้งปรับ

ถ้าการกระทำนั้นเป็นเหตุให้หญิงถึงแก่ความตาย ผู้กระทำความผิดต้องระวางโทษจำคุกไม่เกินสิบปี และปรับไม่เกินสองหมื่นบาท

“Section 303. Whoever procures an abortion for a woman without her consent shall be punished with imprisonment not exceeding seven years or a fine not exceeding fourteen thousand baht, or both.

If such act causes other grievous bodily harm to the woman the offender shall be punished with imprisonment of one to ten years and a fine of two thousand to twenty thousand baht.

If such act causes death to the woman the offender shall be punished with imprisonment of five to twenty years and a fine of ten thousand to forty thousand baht.”

มาตรา 303 ผู้ใดทำให้หญิงแท้งลูกโดยหญิงนั้นไม่ยินยอม ต้องระวางโทษจำคุกไม่เกินเจ็ดปี หรือ ปรับไม่เกินหนึ่งหมื่นสี่พันบาท หรือ ทั้งจำทั้งปรับ

ถ้าการกระทำนั้นเป็นเหตุให้หญิงได้รับอันตรายสาหัสอย่างอื่นด้วย ผู้กระทำความผิดต้องระวาง โทษจำคุกหนึ่งปีถึงสิบปี และ ปรับตั้งแต่สองพันถึงสองหมื่นบาท

ถ้าการกระทำนั้นเป็นเหตุให้หญิงถึงแก่ความตาย ผู้กระทำความผิดต้องระวางโทษจำคุกตั้งแต่ห้าปีถึง ยี่สิบปีและ ปรับตั้งแต่หนึ่งหมื่นบาทถึงสี่หมื่นบาท

“Section 304. Whoever attempts to commit the offence, according to Section 301 or 302, first paragraph, but is unsuccessful shall not be punished.”

มาตรา 304 ผู้ใดเพียงแต่พยายามกระทำความผิดตามมาตรา 301 หรือมาตรา 302 วรรคแรก ผู้นั้นไม่ต้องรับโทษ

“Section 305. If the offence mentioned in Sections 301 & 302 is committed by a medical practitioner and

(1) It is necessary for the sake of the woman’s health or

(2) The woman is pregnant on account of the commission of the offence (rape and incest) mentioned in Section 276, 277, 282, 283 or 284 the offender is not guilty.”

มาตรา 305 ถ้าการกระทำความผิดดังกล่าว ในมาตรา 301 และมาตรา 302 นั้น เป็นการกระทำของนายแพทย์ และ

(1) จำเป็นต้องกระทำเนื่องจากสุขภาพของ หญิงนั้น หรือ

(2) หญิงมีครรภ์เนื่องจากการกระทำความผิดอาญาตามที่บัญญัติไว้ในมาตรา 276 มาตรา 277 มาตรา 282 มาตรา 283 หรือมาตรา 284 ผู้กระทำความผิด

Additional amendments were made to Section 305 in an attempt to reduce the increasing number of unsafe illegal abortion as well as health complications and maternal death from such abortion.

“Thai Medical Council’s Regulation On Criteria for Performing Therapeutic Termination of Pregnancy in Accordance with Section 305 of the Criminal Code of Thailand B.E. 2548, Government Gazette, vol. 122, sec. 118 Ngor, December 15 B.E. 2548 (2005)

By virtue of the power under Section 21 (3) (Dor) and with the approval of the President of the Council in accordance with section 25 of the Medical Profession Act B.E. 2525 which is the Act that contains certain provisions on the restriction of individual’s rights and liberties in respect of which section 29 and section 50 of the Constitution of the Kingdom of Thailand permit only when acted with the power under the law, the Board of the Medical Council prescribes regulations as follows:”

ข้อบังคับแพทยสภาว่าด้วย หลักเกณฑ์การปฏิบัติเกี่ยวกับการยุติการตั้งครรภ์ทางการแพทย์ ตามมาตรา 305 แห่งประมวลกฎหมายอาญา พ.ศ. 2548

อาศัย อำนาจตามความในมาตรา 21 (3) (ฎ) และด้วยความเห็นชอบของสภานายกพิเศษตาม มาตรา 25 แห่งพระราชบัญญัติวิชาชีพเวชกรรม พ.ศ. 2525 อันเป็นพระราชบัญญัติที่มีบทบัญญัติบาง ประการเกี่ยวกับการจำกัด สิทธิและ เสรีภาพของบุคคล ซึ่งมาตรา 29 ประกอบกับมาตรา 50 ของ รัฐธรรมนูญแห่งราชอาณาจักรไทย บัญญัติให้กระทำได้โดยอาศัยอำนาจตามบทบัญญัติแห่งกฎหมาย คณะกรรมการแพทยสภาออกข้อบังคับ ดังต่อไปนี้

“No. 1 This Regulation shall be called “The Medical Council’s Regulation on Criteria for Performing Therapeutic Termination of Pregnancy in accordance with Section 305 of the Criminal Code of Thailand B.E. 2548.”

ข้อ 1 ข้อบังคับนี้เรียกว่า "ข้อบังคับแพทยสภาว่าด้วยหลักเกณฑ์การปฏิบัติเกี่ยวกับการยุติการตั้ง ครรภ์ทาง การแพทย์ตามมาตรา 305 แห่งประมวลกฎหมายอาญา พ.ศ. 2548"

“No. 2 This Regulation shall come into force on the day following the date of its publication in the Government Gazette.”

ข้อ 2 ข้อบังคับนี้ให้ใช้บังคับตั้งแต่วันถัดจากวันประกาศในราชกิจจานุเบกษาเป็นต้นไป

“No. 3 The therapeutic termination of pregnancy in accordance with Section 305 of the Criminal Code shall be performed only with the consent of the pregnant woman.”

ข้อ 3 การยุติการตั้งครรภ์ทางการแพทย์ตามมาตรา 305 แห่งประมวลกฎหมายอาญานั้น จะกระทำได้ เมื่อหญิง ตั้งครรภ์นั้นยินยอม

“No. 4 The physician who performs the therapeutic termination of pregnancy according to this Regulation shall be the medical practitioner under the law (according to the Medical Professional Act).”

ข้อ 4 แพทย์ผู้กระทำการยุติการตั้งครรภ์ทางการแพทย์ตามข้อบังคับนี้ต้องเป็นผู้ประกอบวิชาชีพ เวชกรรมตามกฎหมาย

“No. 5 The therapeutic termination of pregnancy in accordance with Section 305 (1) of the Criminal Code shall be performed on the following conditions:

- (1) In case of necessity due to the physical health problem of the pregnant woman or;
- (2) In case of necessity due to the mental health problem of the pregnant woman, which has to be certified or approved by at least one medical practitioner other than the one who will perform the medical termination of pregnancy.”

In the case of severe stress due to the finding that the fetus has, or has a high risk of having, severe disability, or has or has a high risk of having severe genetic disease, after the said woman has been examined and received genetic counseling and the aforementioned matters have been acknowledged in writing by at least one medical practitioner other than the one who will perform the medical termination of pregnancy, the said pregnant woman shall be regarded as having mental health problem according to (2).

For this purpose there shall be clear medical indications that the pregnant woman has physical health or mental health problem and the examination and diagnosis shall be recorded in the medical record and kept as evidence.

ข้อ 5 การยุติการตั้งครรภ์ทางการแพทย์ตามมาตรา 305 (1) แห่งประมวลกฎหมายอาญา ให้เป็นไป ตามเงื่อนไขดังนี้

- (1) เป็นกรณีที่จำเป็นต้องกระทำเนื่องจากปัญหาสุขภาพทางกายของหญิงตั้งครรภ์ หรือ
- (2) เป็นกรณีที่จำเป็นต้องกระทำเนื่องจากปัญหาสุขภาพทางจิตของหญิงตั้งครรภ์ ซึ่งจะต้องได้รับการ รับรอง หรือ เห็นชอบจากผู้ประกอบวิชาชีพเวชกรรมที่มีใช้ผู้กระทำการยุติการตั้งครรภ์ อย่างน้อยหนึ่ง คน

ในกรณีที่หญิงนั้นมีความเครียดอย่างรุนแรง เนื่องจากพบว่าทารกในครรภ์ มีหรือมีความเสี่ยงสูงที่จะมี ความพิการอย่างรุนแรง หรือเป็นหรือมีความเสี่ยงสูงที่จะเป็นโรคพันธุกรรมอย่างรุนแรง เมื่อหญิงนั้นได้ รับการตรวจวินิจฉัย และการปรึกษาแนะนำทางพันธุศาสตร์ (Genetic counseling) และมีการลงนาม รับรองในเรื่องดังกล่าวข้างต้น

โดยผู้ประกอบวิชาชีพเวชกรรมที่มิใช่ผู้กระทำการยุติการตั้งครรภ์อย่าง น้อยหนึ่งคน ให้ถือว่าหญิงตั้งครรภ์นั้นมี ปัญหาสุขภาพจิตตาม (2)

ทั้งนี้ต้องมี ข้อบ่งชี้ทางการแพทย์ที่ชัดเจนว่าหญิงนั้นมีปัญหาสุขภาพทางกายหรือทางจิต และต้องมีการ บันทึกการ ตรวจและวินิจฉัยโรคไว้ในเวชระเบียนเพื่อเป็นหลักฐาน

“No. 6 The therapeutic termination of pregnancy in accordance with Section 305 (2) of the Criminal Code shall have evidence or fact leading to a reasonable belief that the pregnancy is caused by an offence under Section 305 (2) of the Criminal Code.”

ข้อ 6 การ ยุติการตั้งครรภ์ทางการแพทย์ตามมาตรา 305 (2) แห่งประมวลกฎหมายอาญานั้น ต้องมี หลักฐานหรือ ข้อเท็จจริงอันควรเชื่อได้ว่า หญิงตั้งครรภ์เนื่องจากการกระทำความผิดอาญาตามที่ บัญญัติไว้ในมาตรา 305 (2) แห่งประมวลกฎหมายอาญา

“No. 7 The therapeutic termination of pregnancy in No. 5 and 6 must be performed in the following medical premises

- (1) A government hospital or government agency that provides overnight admission service to patients, or a medical infirmary that has beds for patients for overnight stay in accordance with the Medical Premise Act, these medical premises are allowed to perform appropriate therapeutic termination of pregnancy.
- (2) A medical clinic in accordance with the Medical Premise Act, is allowed to perform therapeutic termination of pregnancy where the gestational age is not over twelve weeks.”

ข้อ 7 การยุติการตั้งครรภ์ทางการแพทย์ตามข้อ 5 และข้อ 6 ต้องกระทำในสถานพยาบาลดังต่อไปนี้

- (1) โรงพยาบาลหรือหน่วยงานของรัฐที่ให้บริการรับผู้ป่วยไว้ค้างคืน หรือสถานพยาบาลเวชกรรมที่มี เพียงรับผู้ป่วยไว้ค้างคืนตามกฎหมายว่าด้วยสถาน พยาบาล ทั้งนี้โดยสามารถปฏิบัติเกี่ยวกับการยุติ การตั้งครรภ์ทางการแพทย์ ได้ตามความ เหมาะสม
- (2) คลินิกเวชกรรมตามกฎหมายว่าด้วยสถานพยาบาล โดยสามารถปฏิบัติเกี่ยวกับการยุติการตั้ง ครรภ์ทาง การแพทย์ที่อายุครรภ์ไม่ เกินสิบสองสัปดาห์

“No. 8 The medical practitioner who performs therapeutic termination of pregnancy pursuant to this Regulation shall report to the Medical Council of Thailand according to the conditions to be specified, within a given period of time, and in a form determined by the Medical Council.”

ข้อ 8 ผู้ประกอบวิชาชีพเวชกรรมที่ปฏิบัติเกี่ยวกับการยุติการตั้งครรภ์ทางการแพทย์ ตามข้อบังคับนี้จะ ต้องทำ รายงานเสนอต่อแพทยสภา ตามเงื่อนไขและระยะเวลาในแบบฟอร์มที่แพทยสภากำหนด

“No. 9 In the case that the medical practitioner performing therapeutic termination of pregnancy does not conform to this Regulation, the said medical practitioner shall be deemed as having failed to uphold the best standard in practicing medical profession.”

ข้อ 9 ในกรณีที่ผู้ประกอบวิชาชีพเวชกรรมผู้กระทำการยุติการตั้งครรภ์ทางการแพทย์ ไม่ปฏิบัติตามข้อ บังคับนี้ ให้ ถือว่าผู้ประกอบวิชาชีพเวชกรรมผู้นั้นประกอบวิชาชีพเวชกรรมโดยไม่รักษา มาตรฐานใน ระดับที่ดีที่สุด

“No. 10 The medical practitioner who performs therapeutic termination of pregnancy in accordance with this Regulation shall be deemed as having conformed to Section 305 of the Criminal Code.”

ข้อ 10 ผู้ประกอบวิชาชีพเวชกรรมที่ปฏิบัติเกี่ยวกับการยุติการตั้งครรภ์ทางการแพทย์ ตามข้อบังคับนี้ ให้ถือว่าได้ กระทำตามมาตรา 305 แห่งประมวลกฎหมายอาญา

Appendix C

Act for Prevention and Solution of the Adolescent Pregnancy Problem, B.E. 2559 (2016) (English and Thai versions)

CHAPTER I PREVENTION AND SOLUTION OF ADOLESCENT PREGNANCY PROBLEM

“Section 5. An adolescent has the right to make a decision by himself and has the right to information and knowledge, right to reproductive health service, right to confidentiality and privacy, and right to social welfare provision, that are equal and non-discriminative, and is entitled to any other rights for the purpose of this Act accurately, completely and adequately.”

มาตรา 5 วัยรุ่นมีสิทธิตัดสินใจด้วยตนเอง และมีสิทธิได้รับข้อมูลข่าวสารและความรู้ ได้รับการบริการอนามัยการเจริญพันธุ์ ได้รับการรักษาความลับและความเป็นส่วนตัว ได้รับการจัดสวัสดิการสังคม อย่างเสมอภาคและไม่ถูกเลือกปฏิบัติ และได้รับสิทธิอื่นใดที่เป็นไปเพื่อประโยชน์ ตามพระราชบัญญัตินี้อย่างถูกต้อง ครบถ้วน และเพียงพอ

“Section 6. An educational establishment shall undertake the prevention and solution of the adolescent pregnancy problem as follows:

- (1) To provide teaching and learning on sexuality studies which is appropriate to age of pupils or students;
- (2) To recruit and develop teaching personnel to be capable of providing sexuality studies and counseling on the prevention and solution of adolescent pregnancy problem to pupils or students;
- (3) To establish a system of supervision, assistance and protection for pregnant pupils or students to receive education in a suitable and continuous manner, including establishing a referral system to ensure the receipt of an appropriate reproductive health service and social welfare provision. The prescription of the categories of educational establishments and undertaking of the educational establishments in each category shall be in accordance with the rules, procedures and conditions as prescribed in the Ministerial Regulation.”

มาตรา 6 ให้สถานศึกษาดำเนินการป้องกันและแก้ไขปัญหาการตั้งครรภ์ในวัยรุ่น ดังต่อไปนี้

- (1) จัดให้มีการเรียนการสอนเรื่องเพศวิถีศึกษาให้เหมาะสมกับช่วงวัยของนักเรียนหรือนักศึกษา
- (2) จัดหาและพัฒนาผู้สอนให้สามารถสอนเพศวิถีศึกษาและให้คำปรึกษาในเรื่องการป้องกัน และแก้ไขปัญหาการตั้งครรภ์ในวัยรุ่นแก่นักเรียนหรือนักศึกษา

(3) จัดให้มีระบบการดูแล ช่วยเหลือ และคุ้มครองนักเรียนหรือนักศึกษาซึ่งตั้งครรภ์ให้ได้รับ การศึกษาด้วย รูปแบบที่เหมาะสมและต่อเนื่อง รวมทั้งจัดให้มีระบบการส่งต่อให้ได้รับบริการอนามัย การเจริญพันธุ์และการจัด สวัสดิการสังคมอย่างเหมาะสม การกำหนดประเภทของสถานศึกษาและการดำเนินการของสถานศึกษาแต่ละ ประเภท ให้เป็นไป ตามหลักเกณฑ์ วิธีการ และเงื่อนไขที่กำหนดในกฎกระทรวง

“Section 7. A service establishment shall undertake the prevention and solution of the adolescent pregnancy problem as follows:

(1) to accurately, completely and adequately provide information and knowledge on the prevention and solution of adolescent pregnancy problem to adolescent recipients of service;

(2) to provide counseling and reproductive health services which are up to the standard and consistent with the rights under section 5, to adolescent recipients of service, including establishing a referral system to ensure the receipt of appropriate social welfare provision. The prescription of the categories of service establishments and undertaking of the service establishments in each category shall be in accordance with the rules, procedures and conditions as prescribed in the Ministerial Regulation.”

มาตรา 7 ให้สถานบริการดำเนินการป้องกันและแก้ไขปัญหาการตั้งครรภ์ในวัยรุ่น ดังต่อไปนี้

(1) ให้ข้อมูลข่าวสารและความรู้เกี่ยวกับการป้องกันและแก้ไขปัญหาการตั้งครรภ์ในวัยรุ่น แก่ผู้รับบริการซึ่งเป็น วัยรุ่นอย่างถูกต้อง ครบถ้วน และเพียงพอ

(2) จัดให้มีบริการให้คำปรึกษาและบริการอนามัยการเจริญพันธุ์ที่ได้มาตรฐานสำหรับผู้รับบริการ ซึ่งเป็นวัยรุ่นและ สอดคล้องกับสิทธิตามมาตรา 5 รวมทั้งจัดให้มีระบบการส่งต่อให้ได้รับการจัดสวัสดิการสังคม อย่างเหมาะสม การกำหนดประเภทของสถานบริการและการดำเนินการของสถานบริการแต่ละประเภท ให้เป็นไป ตาม หลักเกณฑ์ วิธีการ และเงื่อนไขที่กำหนดในกฎกระทรวง

“Section 8. A business establishment shall undertake the prevention and solution of the adolescent pregnancy problem as follows:

(1) to accurately, completely and adequately provide information and knowledge on the prevention and solution of adolescent pregnancy problem to adolescent employees;

(2) to provide or support adolescent employees with an access to counseling and reproductive health services, including establishing a referral system to ensure the receipt of appropriate social welfare provision; The prescription of the categories of business establishments and undertaking of the service establishments in each category shall be in accordance with the rules, procedures and conditions as prescribed in the Ministerial Regulation.”

มาตรา 8 ให้สถานประกอบกิจการดำเนินการป้องกันและแก้ไขปัญหาการตั้งครรภ์ในวัยรุ่น ดังต่อไปนี้

(1) ให้ข้อมูลข่าวสารและความรู้เกี่ยวกับการป้องกันและแก้ไขปัญหาการตั้งครรภ์ในวัยรุ่นแก่ลูกจ้าง ซึ่งเป็นวัยรุ่น อย่างถูกต้อง ครบถ้วน และเพียงพอ

(2) จัดหรือสนับสนุนให้ลูกจ้างซึ่งเป็นวัยรุ่นเข้าถึงบริการให้คำปรึกษาและบริการอนามัย การเจริญพันธุ์ รวมทั้งจัดให้มีระบบการส่งต่อให้ได้รับการจัดสวัสดิการสังคมอย่างเหมาะสม การกำหนดประเภทของสถานประกอบกิจการ และการดำเนินการของสถานประกอบกิจการ แต่ละประเภท ให้เป็นไปตามหลักเกณฑ์ วิธีการ และเงื่อนไขที่กำหนดในกฎกระทรวง

“Section 9. There shall be social welfare provision relating to prevention and solution of the adolescent pregnancy problem as follows:

(1) to promote and support Children and Youth Councils at the level of Changwat and Amphoe to establish the children and youth networks in the areas to be the leaders in preventing, resolving, and monitoring the problem of adolescent pregnancy;

(2) to promote and support the relevant State agencies and private organizations to coordinate, monitor, and assist pregnant adolescents and their families;

(3) to provide vocational training in accordance with interests and proficiencies to pregnant adolescents, who intend to receive the training, prior and after childbirth, and to coordinate to procure suitable employment;

(4) to provide alternative families in the case where adolescents are unable to raise the children themselves;

(5) to provide other social welfare to promote the prevention and solution of adolescent pregnancy problem. The undertakings under paragraph one shall be in accordance with the rules, procedures and conditions as prescribed in the Ministerial Regulation.”

มาตรา 9 ให้มีการจัดสวัสดิการสังคมที่เกี่ยวกับการป้องกันและแก้ไขปัญหาการตั้งครรภ์ ในวัยรุ่น ดังต่อไปนี้

(1) ส่งเสริมสนับสนุนให้สภาเด็กและเยาวชนระดับจังหวัดและระดับอำเภอสร้างเครือข่ายเด็ก และเยาวชนในพื้นที่ เพื่อเป็นแกนนำป้องกัน แก้ไข และเฝ้าระวังปัญหาการตั้งครรภ์ในวัยรุ่น

(2) ส่งเสริมสนับสนุนให้หน่วยงานของรัฐและหน่วยงานของเอกชนที่เกี่ยวข้อง ทำหน้าที่ประสานงาน เฝ้าระวัง และให้ความช่วยเหลือแก่วัยรุ่นที่ตั้งครรภ์และครอบครัว

(3) จัดให้มีการฝึกอาชีพตามความสนใจและความถนัดแก่วัยรุ่นที่ตั้งครรภ์ก่อนและหลังคลอด ที่ประสงค์จะเข้ารับ ฝึกอาชีพ และประสานงานเพื่อจัดหางานให้ได้ประกอบอาชีพตามความเหมาะสม

(4) จัดหาครอบครัวทดแทนในกรณีที่วัยรุ่นไม่สามารถเลี้ยงดูบุตรด้วยตนเองได้

(5) การจัดสวัสดิการสังคมในด้านอื่น ๆ เพื่อส่งเสริมการป้องกันและแก้ไขปัญหาการตั้งครรภ์ ในวัยรุ่น การดำเนินการตามวรรคหนึ่ง ให้เป็นไปตามหลักเกณฑ์ วิธีการ และเงื่อนไขที่กำหนดในกฎกระทรวง

“Section 10. The local administration shall have the powers and duties to undertake to ensure that adolescents in its local administrative area have the rights under section 5. For the purpose of the undertaking under paragraph one, the local administration shall have the powers to prescribe local ordinances in accordance with the rules, procedures and conditions as prescribed in the Ministerial Regulation.”

มาตรา 10 ให้ราชการส่วนท้องถิ่นมีอำนาจหน้าที่ดำเนินการให้วัยรุ่นในเขตราชการส่วนท้องถิ่น ได้รับสิทธิตาม มาตรา 5 เพื่อประโยชน์ในการดำเนินการตามวรรคหนึ่ง ให้ราชการส่วนท้องถิ่นมีอำนาจออกข้อบัญญัติท้องถิ่น ตามหลักเกณฑ์ วิธีการ และเงื่อนไขที่กำหนดในกฎกระทรวง

Appendix D

INTERVIEW QUESTIONS

Principals and Teachers
(English and Thai versions)

1. What are you currently teaching and how long have you been in the teaching profession?
2. Why do you think there are so many adolescent pregnancies? What do you think are the principal root causes of the problem?
3. Have you encountered pregnant and/or parenting students in your teaching career?
Please tell me a story of pregnant adolescent girls that you have encountered yourself or heard from others. What are these girls like as a student, person? What are their families like? In other words, what are some common characteristics of pregnant students?
4. What were your reactions/comments/suggestions/advice when you first find out or heard about it? If a student disclosed to you that she was pregnant, how would you respond or advise such a student?
5. What usually happens to adolescent girls after they become pregnant? Do you think their educational careers are over? How likely do you think they will succeed in life? Do they often continue to pursue education after childbirth? What usually happens to these girls? Do you know of any success stories?
6. How do parents of the girls/boys usually respond to the problem when they find out?
7. What are the school's policies regarding pregnant and parenting students? What is the reasoning behind such policies? If a student is pregnant, should she continue to come to school wearing a school uniform? Why or why not?
8. Under Section 6(3) of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, which states that pregnant students are "to receive education in a suitable and continuous manner" what do you think that means and why?
9. Are policies the same for female and male students, say if a male student got female student pregnant? What do students generally think when pregnant girls have to leave school while the boys can stay?
10. Please tell me in your own words what you think the word "rights" means in particular with regard to the educational rights of pregnant and parenting students and the right to continue their education and to receive accurate as well as appropriate reproductive health and sexual-related information.
11. *For health/sex education teachers: at which grade do students learn sex education? What are the topics covered in such a class? How comfortable are you teaching this subject matter? From whom and where do you think students should learn about sex and contraceptives?
12. Under the Act for Prevention and Solution of the Adolescent Pregnancy Problem, pregnant students are allowed to remain in school while pregnant but many schools continue to deny these entitled rights during pregnancy and in some cases even after

childbirth, against these students' stands. What do you think are the most common reasons for such policies? Do you agree or disagree with the school's decision?

13. How likely do you think the Act for Prevention and Solution of the Adolescent Pregnancy Problem can be successfully implemented and enforced?

14. What do you think are some potential solutions to the problem?

INTERVIEW QUESTIONS (Translation)

แบบสัมภาษณ์ผู้อำนวยการและคณะอาจารย์

1. สอนอะไรอยู่ในปัจจุบัน และเป็นอาจารย์มานานกี่ปี
2. ในปัจจุบันมีวัยรุ่นตั้งครกไม่พร้อมเป็นจำนวนมาก คิดว่าอะไรเป็นสาเหตุสำคัญหลักที่ทำให้เกิดปัญหานี้ และคิดอย่างไรกับเรื่องนี้
3. ตั้งแต่เคยสอนมาเคยเจอนักเรียนท้องบ้างหรือไม่ หากไม่เคย เคยได้ยินบ้างหรือไม่ นักเรียนเหล่านั้นส่วนมากมีลักษณะอย่างไรในฐานะนักเรียน เป็นเด็กแบบไหน ครอบครัวเป็นอย่างไร
4. หากค้นพบว่านักเรียนหญิงท้อง หรือมาขอคำปรึกษาจากอาจารย์โดยบอกว่าตนเองท้อง จะพูดหรือให้คำปรึกษากับนักเรียนคนนั้นๆอย่างไร
5. ส่วนมากแล้ว เกิดอะไรขึ้นกับนักเรียนหญิงที่ท้อง พวกเธอตัดสินใจอย่างไร เพราะเหตุใด คิดว่าพวกเขายังสามารถเรียนต่อได้หรือไม่หลังจากคลอดลูก คิดว่าโอกาสที่พวกเขาจะเรียนต่อนั้นมีมากน้อยแค่ไหน พวกเขามีโอกาสที่จะประสบความสำเร็จในชีวิตมากน้อยแค่ไหน
6. มีการแจ้งผู้ปกครองของนักเรียนหญิงหรือชายให้ทราบอย่างไร และเมื่อผู้ปกครองรับทราบมีปฏิกิริยาอย่างไร
7. ทางโรงเรียนมีนโยบายอย่างไรหากทราบว่านักเรียนท้อง เพราะเหตุใด (หากตอบว่านักเรียนไม่ควรเรียนขณะท้อง เป็นเพราะสาเหตุใด) แล้วหากนักเรียนท้องอยู่ อาจารย์คิดว่านักเรียนท้องควรใส่ชุดนักเรียนและมาเรียนตามปกติหรือไม่ เพราะเหตุใด
8. มาตรา 6 ข้อ 3 ของพ.ร.บ.ป้องกันการตั้งครรภ์ในวัยรุ่นระบุว่านักเรียนท้องควรได้รับการศึกษาด้วยรูปแบบที่เหมาะสมและต่อเนื่อง อาจารย์คิดว่าการศึกษาที่เหมาะสมกับนักเรียนท้องคืออะไร เพราะเหตุใด
9. กฎของโรงเรียนเหมือนกันหรือไม่สำหรับนักเรียนชายที่ทำเพื่อนนักเรียนด้วยกันท้อง คิดว่านักเรียนส่วนใหญ่มีความเห็นอย่างไรกับเรื่องนี้ โดยเฉพาะที่นักเรียนหญิงต้องหยุดเรียนในขณะที่นักเรียนชายได้เรียนต่อ
10. ในความคิดของอาจารย์ ช่วยอธิบายความเข้าใจของคำว่าสิทธิทางการศึกษาของนักเรียนท้อง ทั้งการศึกษาต่อและรับรู้ข้อมูลทางเพศที่ถูกต้อง ครบถ้วน และเหมาะสม คิดว่าหมายความว่าอย่างไร
11. การสอนเรื่องเพศ เริ่มต้นในชั้นใด และครอบคลุมถึงวิธีการป้องกันต่างๆหรือไม่ คิดว่าใครมีหน้าที่ในการสอนเด็กนักเรียนเกี่ยวกับเรื่องเพศและการป้องกันเหล่านี้
12. ภายใต้อ.พ.ร.บ. ป้องกันการตั้งครรภ์ในวัยรุ่น นักเรียนท้องมีสิทธิเรียน แต่ก็มีหลายโรงเรียนที่ไม่อนุญาตให้เรียนในขณะที่ท้องหรือไม่ให้กลับมาเรียนหลังคลอด แม้นักเรียนจะยืนยันว่าอยากเรียนต่อก็ตาม คิดว่าเหตุใดโรงเรียนเหล่านั้นถึงไม่อนุญาตให้นักเรียนท้องเรียน และเห็นด้วยกับโรงเรียนเหล่านั้นหรือไม่ (ถ้าตอบว่าไม่ให้เรียน ถ้ามองว่าเป็นการละเมิดสิทธิของนักเรียนเหล่านั้นหรือไม่)

13. ในทางปฏิบัติคิดว่าพ.ร.บ. ฉบับนี้จะมีผลสำเร็จขนาดไหนในการบังคับใช้ จะมีอำนาจสั่งการโรงเรียนได้ขนาดไหน
14. จากการพูดคุยเบื้องต้น อาจารย์คิดว่าควรแก้ไขปัญหาการตั้งครรภ์ไม่พร้อมในวัยรุ่นอย่างไร และจะมีมาตรการหรือนโยบายอะไรที่น่าจะช่วยเพิ่มโอกาสทางการศึกษาให้แก่นักเรียนเหล่านี้

Appendix E

INTERVIEW QUESTIONS

Shelter Staffs (at the government shelters and a private shelter)
(English and Thai versions)

1. At present, the number of adolescent pregnancies is quite large. What do you think are the principal root causes of the problem and what thoughts do you have about the problem?
2. Why do you think the girls often get blamed when they become pregnant? How are they treated by others? What do you think the public should do to understand them better?
3. How many pregnant and/or parenting adolescent girls are currently residing at this shelter? Is this a static number or do the numbers frequently go up and down? What are the maximum and minimum number girls ever to stay here? What is the age range (identify the youngest and the oldest girls)?
4. How long do these girls usually stay at the shelter? Are there limits to the length of stay for these girls and their babies? What were the most cited reasons by these girls to come here to this shelter (nowhere to go, lack of financial resources, etc)? What do these girls seek? How did they find out about this program? How do you make girls desperately in need of help find out about this program (in other words, how do you reach out to your target population)?
5. Where do these girls go after leaving the shelter? Do you keep track of them (as in periodical follow-up visits)? If no, why not? If yes, what typically happens to these girls and their babies? Do they continue their education? Have there been any success stories? Do you know any pregnant and/or parenting adolescent girls who have become successful? If yes, which factor contributed most to her success?
6. How often do you talk to these girls? On what topics do you talk to them about? If these girls came to talk you at all, what were the issues or things about which they were most concerned?
7. Have there been girls who came to you for advice about pursuing an education? If no, why do you think so? If yes, what were your suggestions/recommendations?
8. How would you assess/evaluate the effectiveness of this program? Please also evaluate other programs both privately and publicly funded? What would you identify as strengths and weaknesses of these programs? Why do you think many of the government programs focus on the prevention aspect but very little on the protection of these girls? Do you think the government should create more programs to help these girls (should they do more)?
9. Please tell me in your own words what you think the word “rights” means in particular with regard to the educational rights of pregnant and parenting students and the right to continue their education and to receive accurate as well as appropriate reproductive health and sexual-related information.

10. Under Section 6(3) of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, which states that pregnant students are “to receive education in a suitable and continuous manner” what do you think that means and why?
11. Under the Act for Prevention and Solution of the Adolescent Pregnancy Problem, pregnant students are allowed to remain in school while pregnant but many schools continue to deny these entitled rights during pregnancy and in some cases even after childbirth, against these students’ stands. What do you think are the most common reasons for such policies? Do you agree or disagree with the school’s decision?
12. If a student is pregnant, should she continue to come to school wearing a school uniform? Why or why not?
13. How likely do you think the Act for Prevention and Solution of the Adolescent Pregnancy Problem can be successfully implemented and enforced?
14. What do you think are some potential solutions to the problem?

INTERVIEW QUESTIONS (Translation)

แบบสัมภาษณ์เจ้าหน้าที่นักสังคมสงเคราะห์และนักจิตวิทยา

1. ในปัจจุบันมีวัยรุ่นตั้งครรถ์ไม่พร้อมเป็นจำนวนมาก คิดว่าอะไรเป็นสาเหตุสำคัญหลักที่ทำให้เกิดปัญหานี้ และคิดอย่างไรกับเรื่องนี้
2. ทำไมเด็กผู้หญิงมักถูกตราหน้าหลังจากที่ท้อง คนส่วนใหญ่ปฏิบัติต่อเด็กเหล่านี้อย่างไร คุณคิดว่าอะไรคือสิ่งที่สังคมและคนหมู่มากควรทำความเข้าใจกับเรื่องนี้
3. ปัจจุบันที่มีเด็กท้องกี่คน หรือเคยมีกี่คน นี่คือตัวเลขปกติหรือไม่ อายุน้อยที่สุดเท่าไร
4. ปกติเด็กจะอยู่ที่นั่นนานเท่าไร มีระยะเวลาที่จำกัดหรือไม่ อะไรคือสาเหตุหลักที่เด็กมาอยู่ที่นี่ เขาต้องการความช่วยเหลืออะไร เขาทราบถึงบ้านพักจากที่ไหน ที่นี้มีการประชาสัมพันธ์ให้เด็กและผู้คนที่ผ่านไปรู้จักผ่านช่องทางใด
5. เด็กที่ออกไปส่วนมากไปไหน และมีการติดตามผลอย่างไร ปกติเกิดอะไรขึ้นกับเด็กเหล่านี้ เช่น เรียนต่อหรือไม่ หรือทำงาน เคยได้ยินหรือเห็นเด็กคนไหนมั้ยที่ประสบความสำเร็จหรือใช้ชีวิตได้อย่างไม่ลำบาก ถ้ามี อะไรเป็นสาเหตุทำให้เด็กคนนั้นมีความเป็นอยู่ที่ดี หรือเรียนหนังสือจนจบ
6. ปกติคุณพูดคุยกับเด็กมากน้อยแค่ไหน เรื่องอะไร ถ้าเด็กมาหาเพื่อปรึกษาพูดคุยกับคุณ ส่วนใหญ่คุยเรื่องหัวข้ออะไร อะไรคือสิ่งที่เขากังวลหรือมีความเดือดร้อนต้องการมากที่สุด จึงขอความช่วยเหลือ
7. มีเด็กที่อยู่ที่นี่มาปรึกษาเรื่องการเรียนต่อหรือไม่ ถ้าไม่ คิดว่าเพราะอะไร ถ้ามี คุณให้คำชี้แนะกับเด็กเหล่านั้นอย่างไร
8. ในความคิดของคุณ ช่วยประเมินผลความสำเร็จของกิจกรรม ตัวงานของบ้านฉุกเฉิน ว่ามีมากน้อยเพียงใด คิดว่าทีมงานของหน่วยงานไหน ทั้งของรัฐบาลและเอกชนที่มีความสำเร็จทางด้านนี้อีกบ้าง รวมถึงจุดอ่อนจุดแข็งที่คุณมองเห็น คิดว่าหน่วยงานที่ให้ความช่วยเหลือคุณแม่วัยรุ่นหรือเด็กที่ตั้งครรถ์ไม่พร้อมนั้นมีเพียงพอต่อความต้องการหรือไม่
9. ในความคิดของคุณ ช่วยอธิบายความเข้าใจของคำว่าสิทธิ โดยเฉพาะสิทธิทางการศึกษาของเด็กท้อง ทั้งศึกษาต่อและรับรู้ข้อมูลทางเพศที่ถูกต้อง ครอบคลุม และเหมาะสม คิดว่าหมายความว่าอย่างไร
10. มาตรา 6 ข้อ 3 ของพ.ร.บ.ป้องกันการตั้งครรภ์ในวัยรุ่นระบุว่านักเรียนท้องควรได้รับการศึกษาด้วยรูปแบบที่เหมาะสมและต่อเนื่อง คุณคิดว่าการศึกษาที่เหมาะสมกับนักเรียนท้องคืออะไร เพราะเหตุใด
11. ภายใต้พ.ร.บ. ป้องกันการตั้งครรภ์ในวัยรุ่น นักเรียนท้องมีสิทธิเรียน แต่ก็มีหลายโรงเรียนที่ไม่อนุญาตให้เรียนในขณะที่ท้องหรือไม่ให้กลับมาเรียนหลังคลอด แม้นักเรียนจะยืนยันว่าอยากเรียนต่อก็ตาม คิดว่าเหตุใดโรงเรียนเหล่านั้นถึงไม่อนุญาตให้นักเรียนท้องเรียน และเห็นด้วยกับโรงเรียนเหล่านั้นหรือไม่ (ถ้าตอบว่าไม่ให้เรียน ถ้ามองว่าเป็นการละเมิดสิทธิของนักเรียนเหล่านั้นหรือไม่)
12. คุณคิดว่านักเรียนควรใส่ชุดนักเรียนไปเรียนตามปกติหรือไม่หากตั้งครรภ์ เพราะเหตุใด
13. ในทางปฏิบัติคิดว่าพ.ร.บ. ฉบับนี้จะมีผลสำเร็จขนาดไหนในการบังคับใช้ จะมีอำนาจสั่งการโรงเรียนได้ขนาดไหน
14. จากการพูดคุยเบื้องต้น คิดว่าควรแก้ไขปัญหการตั้งครรภ์ไม่พร้อมในวัยรุ่นอย่างไร และจะมีมาตรการหรือนโยบายอะไรที่น่าจะช่วยเพิ่มโอกาสทางการศึกษาให้แก่เด็กเหล่านี้

Appendix F

INTERVIEW QUESTIONS Government Officials, Ministry of Public Health (English and Thai versions)

1. At present, the number of adolescent pregnancies is quite large. What do you think are the principal root causes of the problem and what thoughts do you have about the problem?
2. Have you encountered pregnant and/or parenting students in your career? What are these girls like as a student and a person? In other words, what are some common characteristics of pregnant students?
3. If a school-age adolescent girl disclosed to you that she was pregnant, how would you respond or advise such a girl?
4. What do you think about the fact that for the most part pregnant girls must stop attending school but boys rarely face any consequences? What do you think are some of the ways to make boys and men share more of the responsibilities of pregnancy?
5. Please tell me in your own words what you think the word “rights” means in particular with regard to the educational rights of pregnant and parenting students and the right to continue their education and to receive accurate as well as appropriate reproductive health and sexual-related information.
6. From whom and where do you think students should learn about sex and contraceptives?
7. Under Section 6(3) of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, which states that pregnant students are “to receive education in a suitable and continuous manner” what do you think that means and why?
8. Under the Act for Prevention and Solution of the Adolescent Pregnancy Problem, pregnant students are allowed to remain in school while pregnant; however, many schools continue to deny these rights during pregnancy and in some cases even after childbirth even though the students have indicated their desire to remain in school. What do you think are the most common reasons for such policies? Do you agree or disagree with the school’s decision?
9. If a student is pregnant, should she continue to come to school wearing a school uniform? Why or why not?
10. How likely do you think the Act for Prevention and Solution of the Adolescent Pregnancy Problem can be successfully implemented and enforced?
11. What do you think are some potential solutions to the problem?

INTERVIEW QUESTIONS (Translation)

แบบสัมภาษณ์ข้าราชการกระทรวงสาธารณสุข

1. ในปัจจุบันมีวัยรุ่นตั้งครรภ์ไม่พร้อมเป็นจำนวนมาก คิดว่าอะไรเป็นสาเหตุสำคัญหลักที่ทำให้เกิดปัญหานี้ และคิดอย่างไรกับเรื่องนี้
2. ตั้งแต่ทำงานมา ได้มีโอกาสพบกับเด็กท้องโดยตรงบ้างหรือไม่ เด็กเหล่านี้ส่วนมากมีลักษณะเป็นอย่างไร
3. หากมีนักเรียนหญิงตั้งครรภ์มาขอคำปรึกษากับคุณ คุณจะให้คำปรึกษาชี้แนะอย่างไร
4. คุณมีความเห็นอย่างไรกับการที่นักเรียนหญิงส่วนมากต้องหยุดเรียนเมื่อท้องในขณะที่นักเรียนชายได้เรียนต่อ หรืออีกนัยหนึ่งผลกระทบส่วนมากตกอยู่ที่ฝ่ายหญิงอย่างเดียว คิดว่าควรทำอย่างไรให้ฝ่ายชายมีส่วนร่วมในการรับผิดชอบปัญหามากขึ้น
5. ในความคิดของคุณ ช่วยอธิบายความเข้าใจของคำว่าสิทธิ โดยเฉพาะสิทธิทางการศึกษาของเด็กท้อง ทั้งศึกษาต่อและรับรู้ข้อมูลทางเพศที่ถูกต้อง ครบถ้วน และเหมาะสม คิดว่าหมายความว่าอย่างไร
6. คุณคิดว่าใครที่มีหน้าที่ในการสอนเรื่องเพศและการป้องกันต่างๆแก่เด็กและวัยรุ่น
7. มาตรา 6 ข้อ 3 ของพ.ร.บ.ป้องกันการตั้งครรภ์ในวัยรุ่นระบุว่านักเรียนท้องควรได้รับการศึกษาด้วยรูปแบบที่เหมาะสมและต่อเนื่อง คุณคิดว่าการศึกษาที่เหมาะสมกับนักเรียนท้องคืออะไร เพราะเหตุใด
8. ภายใต้พ.ร.บ. ป้องกันการตั้งครรภ์ในวัยรุ่น นักเรียนท้องมีสิทธิเรียน แต่ก็มีหลายโรงเรียนที่ไม่อนุญาตให้เรียนในขณะที่อ้อมท้องหรือไม่ให้กลับมาเรียนหลังคลอด แม้นักเรียนจะยืนยันว่าอยากเรียนต่อก็ตาม คิดว่าเหตุใดโรงเรียนเหล่านั้นถึงไม่อนุญาตให้นักเรียนท้องเรียน และเห็นด้วยกับโรงเรียนเหล่านั้นหรือไม่ (ถ้าตอบว่าไม่ให้เรียน ถ้ามองว่าเป็นการละเมิดสิทธิของนักเรียนเหล่านั้นหรือไม่)
9. คุณคิดว่านักเรียนควรใส่ชุดนักเรียนไปเรียนตามปกติหรือไม่หากตั้งครรภ์ เพราะเหตุใด
10. ในทางปฏิบัติคิดว่าพ.ร.บ. ฉบับนี้จะมีความสำเร็จขนาดไหนในการบังคับใช้ จะมีอำนาจสั่งการโรงเรียนได้ขนาดไหน
11. จากการพูดคุยเบื้องต้น คิดว่าควรแก้ไขปัญหการตั้งครรภ์ไม่พร้อมในวัยรุ่นอย่างไร และจะมีมาตรการหรือนโยบายอะไรที่น่าจะช่วยเพิ่มโอกาสทางการศึกษาแก่นักเรียนเหล่านี้

Appendix G

INTERVIEW QUESTIONS Government Official, Ministry of Education (English and Thai versions)

1. At present, the number of adolescent pregnancies is quite large. What do you think are the principal root causes of the problem and what thoughts do you have about the problem?
2. Please tell me in your own words what you think the word “rights” means in particular with regard to the educational rights of pregnant and parenting students and the right to continue their education and to receive accurate as well as appropriate reproductive health and sexual-related information.
3. From whom and where do you think students should learn about sex and contraceptives?
4. Why does Thailand not have a national curriculum that includes comprehensive sex education? Do you think that the current curriculum is adequate in educating students about safe sex and various methods of contraception?
5. Under Section 6(3) of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, which states that pregnant students are “to receive education in a suitable and continuous manner” what do you think that means and why?
6. Under the Act for Prevention and Solution of the Adolescent Pregnancy Problem, pregnant students are allowed to remain in school while pregnant; however, many schools continue to deny these rights during pregnancy and in some cases even after childbirth even though the students have indicated their desire to remain in school. What do you think are the most common reasons for such policies? Do you agree or disagree with the school’s decision?
7. If a student is pregnant, should she continue to come to school wearing a school uniform? Why or why not?
8. What do you think about the fact that for the most part pregnant girls must stop attending school but boys rarely face any consequences? What do you think are some of the ways to make boys and men share more of the responsibilities of pregnancy?
9. How likely do you think the Act for Prevention and Solution of the Adolescent Pregnancy Problem can be successfully implemented and enforced?
10. If pregnant and parenting girls can no longer remain in a mainstream school, what other alternative schooling options are there for them?
11. What do you think are some potential solutions to the problem?

INTERVIEW QUESTIONS (Translation)

แบบสัมภาษณ์ข้าราชการกระทรวงศึกษาธิการ

1. ในปัจจุบันมีวัยรุ่นตั้งครรภ์ไม่พร้อมเป็นจำนวนมาก คิดว่าอะไรเป็นสาเหตุสำคัญหลักที่ทำให้เกิดปัญหานี้ และคิดอย่างไรกับเรื่องนี้
2. ในความคิดของคุณ ช่วยอธิบายความเข้าใจของคำว่าสิทธิ โดยเฉพาะสิทธิทางการศึกษาของเด็กท้อง ทั้งศึกษาต่อและรับรู้ข้อมูลทางเพศที่ถูกต้อง ครบถ้วน และเหมาะสม คิดว่าหมายความว่าอย่างไร
3. คุณคิดว่าใครที่มีหน้าที่ในการสอนเรื่องเพศและการป้องกันต่างๆแก่เด็กและวัยรุ่น
4. เพราะเหตุใดประเทศไทยถึงไม่มีหลักสูตรเพศศึกษาที่ครบถ้วน เพื่อให้ความรู้แก่นักเรียนทั้งในเรื่องวิธีการป้องกันและการคุมกำเนิดต่างๆ คิดว่าหลักสูตรที่มีอยู่ในปัจจุบันนั้นเพียงพอหรือไม่
5. มาตรา 6 ข้อ 3 ของพ.ร.บ.ป้องกันการตั้งครรภ์ในวัยรุ่นระบุว่านักเรียนท้องควรได้รับการศึกษาด้วยรูปแบบที่เหมาะสมและต่อเนื่อง คุณคิดว่าการศึกษาที่เหมาะสมกับนักเรียนท้องคืออะไร เพราะเหตุใด
6. ภายใต้พ.ร.บ. ป้องกันการตั้งครรภ์ในวัยรุ่น นักเรียนท้องมีสิทธิเรียน แต่ก็มีหลายโรงเรียนที่ไม่อนุญาตให้เรียนในขณะท้องหรือไม่ให้กลับมาเรียนหลังคลอด แม้นักเรียนจะยืนยันว่าอยากเรียนต่อก็ตาม คิดว่าเหตุใดโรงเรียนเหล่านั้นถึงไม่อนุญาตให้นักเรียนท้องเรียน และเห็นด้วยกับโรงเรียนเหล่านั้นหรือไม่ (ถ้าตอบว่าไม่ให้เรียน ถ้ามองว่าเป็นการละเมิดสิทธิของนักเรียนเหล่านั้นหรือไม่)
7. คุณคิดว่านักเรียนควรใส่ชุดนักเรียนไปเรียนตามปกติหรือไม่หากตั้งครรภ์ เพราะเหตุใด
8. คุณมีความเห็นอย่างไรกับการที่นักเรียนหญิงส่วนมากต้องหยุดเรียนเมื่อท้องในขณะที่นักเรียนชายได้เรียนต่อ หรืออีกนัยหนึ่งผลกระทบส่วนมากตกอยู่ที่ฝ่ายหญิงอย่างเดียว คิดว่าควรทำอย่างไรให้ฝ่ายชายมีส่วนร่วมในการรับผิดชอบปัญหามากขึ้น
9. ในทางปฏิบัติคิดว่าพ.ร.บ. ฉบับนี้จะมีความสำเร็จขนาดไหนในการบังคับใช้ จะมีอำนาจสั่งการโรงเรียนได้ขนาดไหน
10. หากไม่ได้เรียนในโรงเรียนปกติ นอกจากกศน.แล้ว มีช่องทางการศึกษาต่ออย่างไรบ้างสำหรับนักเรียนเหล่านี้
11. จากการพูดคุยเบื้องต้น คิดว่าควรแก้ไขปัญหการตั้งครรภ์ไม่พร้อมในวัยรุ่นอย่างไร และจะมีมาตรการหรือนโยบายอะไรที่น่าจะช่วยเพิ่มโอกาสทางการศึกษาแก่นักเรียนเหล่านี้

